

City of Springfield, Missouri Short-Term Rental Intake Form

BUS LIC/PERMIT# _____ DATE: _____ LIC PERSONNEL: _____

1. Owner(s) Name: _____

Owner(s) Address: _____

Phone: _____ E-Mail: _____

Short-Term Rental Address: _____

2. Operators name, address, e-mail, and phone if different: _____

3. _____ Type 1 (owner occupied;
R-SF or R-TH; no more than 95
rental days).

_____ Type 2 (non-owner
occupied or owner occupied;
R-SF or R-TH unlimited rental
days).

_____ Type 3 (owner occupied or
non-occupied; all other districts except
R-SF or R-TH; no more than 2 units
per premise; unlimited rental days).

Unit _____ Unit _____

4. Are guests housed in the primary structure or a historic carriage house (built before January 1, 1940)?

_____ Primary Structure

_____ Historic Carriage House

5. _____

Owner/Operator

Signature

**APPLICANT FILL OUT TO THIS POINT and RETURN FORM TO:
LICENSE DIVISION OF FINANCE DEPARTMENT
(BUSCH MUNICIPAL BUILDING), 840 BOONVILLE AVENUE; SPRINGFIELD, MO 65801**

PLANNING and DEVELOPMENT

1. Proposed location is zoned: _____
2. Verification of rental type: _____
3. Verification of Historic Carriage House: _____
4. Verification of Density Requirements: _____

PLN: _____

BUILDING DEVELOPMENT SERVICES

1. Use Group: R2 R3 R4
2. Transit Non-Transit
3. Square Footage of Bldg: _____
4. Occupancy Load of Bldg: _____
5. Construction Type: _____

BLDC: _____

Planning Personnel: _____ Date: _____ BDS Personnel: _____ Date: _____

Comments: _____