



CANDLEWOOD SHORES TAX DISTRICT

55 Longview Drive, Brookfield, CT, 06804 | (203) 775-1172

Short-Term Rental Application

Application Date: _____

1. Property Address: _____

Name of Owner: _____

Phone Number: _____ Email: _____

2. Number of Rental Occupants: _____

3. Rental Start Date: _____

Rental End Date: _____

5. Town of Brookfield Permit Attached: Yes No

In consideration of the issuance of this permit, I agree to the following:

1. A short-term rental is any rental that is **fourteen (14) days or less**.
2. No more than **two (2) adult guests per bedroom**, and any associated children, are permitted for the duration of the rental.
3. The total number of bedrooms is based on the **property data card** on file with the Town of Brookfield.
4. Accessory buildings and structures may be used for short-term rentals provided the owner or permanent resident of the principal dwelling unit remains on the premises for the duration of the short-term rental.
5. The short-term rental shall not materially disrupt the residential character of the neighborhood.
6. **No signs** are permitted in association with the short-term rental.
7. No more than **three (3) short-term rentals** are permitted within any **six (6) month period**.
8. An approved short-term rental permit from the Town of Brookfield has been attached to this application.

Applicant Signature

Date

Application Approved by CSTD, subject to general and special conditions attached, by:

CSTD Authorized Agent Signature

Date

Scalzo Property Management

2 Stony Hill Road, Suite 201, Bethel, CT, 06801 | Phone: 203-790-6888 | Fax: 203-790-9390

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