



Revised 3.24.25

FOR OFFICE USE ONLY
DATE/TIME RECEIVED:
RECEIVED BY:
PERMIT NUMBER:
ISSUE DATE:
CU/SU CASE/ORD. No.:
APPROVAL DATE:

Application Short Term Rental Permit - Whole House

PROPERTY INFORMATION	
PROPERTY ADDRESS:	ASSESSMENT NUMBER:
SUBDIVISION/LOT/SQ.:	<input type="checkbox"/> HISTORIC DISTRICT ZONING DISTRICT:
TOTAL NUMBER OF BEDROOMS/BATHROOMS:	BUILDING TYPE: <input type="checkbox"/> Single <input type="checkbox"/> Duplex <input type="checkbox"/> Other _____ <input type="checkbox"/> Condo <input type="checkbox"/> Accessory Dwelling
MAX. GUEST OCCUPANCY:	

PROPERTY OWNER INFORMATION	
OWNER NAME:	LOCAL CONTACT, IF OWNER UNAVAILABLE:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
EMAIL:	EMAIL:



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SUBMITTAL REQUIREMENTS

ADDITIONAL INFORMATION MAY BE REQUESTED

☐ COMPLETED SHORT TERM RENTAL APPLICATION

☐ ADOPTED ORDINANCE

☐ SITE PLAN - Must be drawn to scale

- Scale
- Property lines with width, depth, and area noted
- Distance of all buildings from property lines
- Building location, dimension, square footage
- Location and dimensions of all vehicular use areas, driveways, vehicle parking

☐ FLOOR PLAN

- Indicate the square footage of building(s)
- Room use, dimension, and square footage
- Location of all walls, doors, windows, and stairways
- Location of all major plumbing fixtures
- Location of major appliances/mechanical equipment

☐ CASH SALE / DEED OF PROPERTY

☐ LIST OF PLATFORMS THAT WILL BE USED TO SOLICIT BOOKINGS

☐ PHOTOS - Photographs of the subject site and/or the interior & exterior of the building -Digitally Submitted

☐ FEE - Whole House Rental – Initial \$1000, Renewal \$500



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ATTESTATION & ACKNOWLEDGEMENTS:

I, _____, hereby certify, by initialing below, that:

_____ That the property has current, valid liability insurance of \$1,000,000.00 or more with proof that such coverage includes use as a short-term rental property

_____ That each short-term rental has working smoke alarms in every bedroom, outside each sleeping area, and on all habitable floors. If the rental unit has either natural gas service, or a propane system for cooking or heating, the unit must also have working carbon monoxide alarms in each bedroom, outside each sleeping area, and on every habitable floor. Combination smoke/carbon monoxide alarms are acceptable. St. Tammany Parish Fire District 4 shall perform an inspection to confirm compliance.

_____ That each short-term rental has a properly maintained 2A10BC rated ABC type fire extinguisher in each short-term rental unit

_____ That in each short-term rental there is a posting that provides the name, telephone number, cell phone number, and email address of a local contact person who shall be responsible for responding to questions or concerns regarding the operation of the short-term rental, as well as a floor plan indicating fire exits and escape routes. Posting shall be displayed in a prominent location within the unit

_____ That the property has no outstanding taxes or municipal code violation liens.

_____ That the property is not subject to any contractual restrictions precluding its use as a short-term rental, including but not limited to homeowner association agreements, condominium bylaws, or restrictive covenants.

I (We) hereby affirm that ownership and property information presented on this application is current and accurate and, further, that the undersigned meets the requirements the Comprehensive Land Use Regulation Ordinance. I (We) acknowledge that inaccurate or incomplete ownership, improper authorization, or property identification will make this application null and void. I (We) the undersigned owner or authorized agent of the area of land described above, hereby submit for your approval the above stated request.

Property Owner Name/ Date: _____

Property Owner Signature*/Date: _____

*If ownership is joint, each owner must be listed. If ownership is a partnership, the Partnership Agreement must be included. If ownership is a corporation, Articles of Incorporation and a Board Resolution authorizing an individual or agent to sign on its behalf or if ownership is a LLC, Articles of Organization and legal documentation authorizing an individual or agent to sign on its behalf must be included. If necessary, submit proof of ownership documents, such as copies of the recorded act of sale, act of exchange, act of donation, cash sale or deed. Appropriate documentation is also required for successions.

I certify that all information contained in this application, and any attachments hereto, is true and correct to the best of my knowledge. I understand that the City of Mandeville is authorized to suspend or revoke a permit or license issued wherever a permit or license is issued in error or on the basis of incorrect, inaccurate, or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of Mandeville Municipal Code, the Comprehensive Land Use Regulation Ordinance, the 2015 International Residential Code or as adopted by the City of Mandeville. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of Mandeville ordinances and State of Louisiana Revised Statutes. I understand that any change in the scope of this permit must be reported to the Department of Planning and Development and additional permits and/or approvals may be required.