

**DEPARTMENT OF PLANNING, BUILDING & ZONING**

807 West John Street • Yorkville, IL • 60560  
(630) 553-4141 Fax (630) 553-4179

**APPLICATION**

Short-Term Rental Registry \_\_\_\_\_ **FILE#** \_\_\_\_\_

**NAME OF APPLICANT** (Including First, Middle Initial, and Last Name)

**CURRENT LANDOWNER/NAME(s)**

**SITE INFORMATION**

SITE ADDRESS OR LOCATION

ASSESSOR'S ID NUMBER (PIN)

CURRENT ZONING  
STRUCTURE

TYPE OF STRUCTURE (i.e. Single-Family Home)

# OF OCCUPANTS IN THE

**OWNER CONTACT**

**OWNER CONTACT MAILING ADDRESS**

**OWNER CONTACT EMAIL**

**OWNER CONTACT PHONE #**

**OWNER CONTACT FAX #**

**OWNER CONTACT OTHER #** (Cell, etc.)

**EMERGENCY CONTACT (IF DIFFERENT THAN OWNER)**

**EMERGENCY MAILING ADDRESS**

**EMERGENCY EMAIL**

**EMERGENCY PHONE #**

**EMERGENCY FAX #**

**EMERGENCY OTHER #** (Cell, etc.)

I UNDERSTAND THE THAT LISTED PROPERTY MAY BE RENTED FOR A MAXIMUM OF THIRTY (30) CONSECUTIVE DAYS AT ANY ONE TIME.

I CERTIFY THAT THE ABOVE PROPERTY SHALL NOT BE RENTED AT ANY ONE TIME TO MORE PEOPLE THAN PERMITTED BY THE OCCUPANCY PERMIT ON FILE.

I UNDERSTAND THAT BY SIGNING THIS FORM, THAT THE PROPERTY IN QUESTION MAY BE VISITED BY COUNTY STAFF AND THAT THE PRIMARY AND EMERGENCY CONTACT LISTED ABOVE SHALL BE SUBJECT TO ALL CORRESPONDANCE ISSUED BY THE COUNTY.

I CERTIFY THAT THE INFORMATION AND EXHIBITS SUBMITTED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THAT I AM TO FILE THIS APPLICATION AND ACT ON BEHALF OF THE ABOVE SIGNATURES. **THE APPLICANT ATTESTS THAT THEY ARE FREE OF DEBT OR CURRENT ON ALL DEBTS OWED TO KENDALL COUNTY AS OF THE APPLICATION DATE.**

**SIGNATURE OF APPLICANT**

**DATE**

**For Office Use Only**

Certificate of Occupancy on File Y/N

Date Certificate of Occupancy was Issued \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Legal Occupants \_\_\_\_\_

Approval of Application/Renewal \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Date