

APPLICATION: ZONING TOURIST ROOMING HOUSE PERMIT

ZTRHP1-A

City of Madison
Building Inspection Division: Zoning Dept.
Madison Municipal Building, Suite 017
215 Martin Luther King, Jr. Blvd.
P.O. Box 2984
Madison, WI 53701-2984
phone: (608) 266-4551
web: cityofmadison.com/trh
email: zoningTRH@cityofmadison.com



PRIMARY RESIDENCE • ZTRHP1 PERMIT

FOR OFFICE USE ONLY:

☐ Application Fee Paid via _____ Date _____

ZTRHP1- _____ - _____

Application Received Date _____

Application Completeness by _____ Date _____

☐ Inspection Complete Date _____

☐ Annual Permit Fee Paid Date _____

☐ Permit Issued Date _____

☐ Permit Denied Date _____

TRANSLATION SERVICES

If you need an interpreter, translator, materials in alternate formats or other accommodations to access these forms, please call the Building Inspection Division at (608) 266-4551.

Si necesita interprete, traductor, materiales en diferentes formatos, u otro tipo de ayuda para acceder a estos formularios, por favor llame al (608) 266-4551.

Yog tias koj xav tau ib tug neeg txhais lus, txhais ntawv, los sis xav tau cov ntaub ntawv pab kom paub txog cov lus qhia no, thov hu rau Chaw Haujlwm Koog Soj Ntsuam Tsev (Building Inspection Division) (608) 266-4551.

APPLICATION FORM

1. LOCATION: of Tourist Rooming House

Address: _____ Unit #: _____

Is this a condominium? ☐ Yes ☐ No If yes, form ZTRHP1-C Condominium Association permission must be included.

Type of property: ☐ Single family dwelling ☐ ADU ☐ 2-unit building ☐ Multi-unit building

Public Health TRH License # _____ Transient Room Tax Permit # _____

Maximum Number of Guests: _____

Calculate number of legal bedrooms ____ x 2 = ____ . Maximum number of guests is the lesser of two times the number of legal bedrooms or twelve (12). Children under the age of 12 shall not count towards the maximum number of guests.

2. OPERATOR: of Tourist Rooming House

Operator name _____ May not be an LLC, trust, nonprofit or other corporate entity

Host name on all advertisings _____ List full names of all Cohosts _____

Company name (if applicable) _____ DBA name (if applicable) _____

Operator address _____ Unit # _____ City/State/Zip _____

Telephone _____ Email _____

Operator relationship to property: ☐ Owner ☐ Tenant ☐ Other: Explain _____

3. PROPERTY OWNER: of Tourist Rooming House

Property Owner name _____ Company _____

Company name (if applicable) _____ DBA name (if applicable) _____

Property Owner address _____ Unit # _____ City/State/Zip _____

Telephone _____ Email _____

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ZTRHP1-A

PRIMARY RESIDENCE • ZTRHP1 PERMIT (CONTINUED)

4. Submit the following items with your application

No application will be accepted without all of the following:

- ☐ **ZTRHP1-A Permit Application:** completed Zoning Tourist Rooming House (ZTRHP1) Permit Application:
 - ☐ Public Health Madison & Dane County (PHMDC) Tourist Rooming House License number. Visit PublicHealthMDC.com/STR to apply.
 - ☐ City of Madison Transient Room Tax Permit number. [Click here to apply.](#)
- ☐ **ZTRHP1-B Residence Affidavit:** Separate form for each Host & Cohost. (Free notary services available at city agencies.)
- ☐ **ZTRHP1-C Condominium Association Approval** (Condos only): which explicitly states TRH operation is allowed in unit.
- ☐ **ZTRHP1-D Advertising Locations:** Listing of all websites and places where operator has previously listed their TRH and where operator intends to advertise in the upcoming year.
- ☐ **ZTRHP1-E Guest Registry:** Sample of guest registry template. If rentals occurred in past, show all past rentals.
- ☐ **ZTRHP1-F Floor plans:** of your TRH dwelling unit with all legal bedrooms labeled and numbered.
- ☐ **ZTRHP1-G Notice to property owner** (Tenants only): which describes the TRH operation, maximum number of guests allowed and how the operation will meet zoning code regulations.
- ☐ **ZTRHP1-G Lease Attachment** (Tenants only): Copy of lease which explicitly states TRH operation is allowed in this unit.
- ☐ **Application Fee:** \$100. Checks payable to City of Madison. Cash, checks, VISA, MasterCard accepted at the Zoning Counter.
- ☐ **Submit:** Online, or by mail or email to zoningTRH@cityofmadison.com and with mailed check, or drop off at Zoning Counter after making [Zoning Review Counter appointment](#). See address on previous page.

5. Agreements and signature

Please initial that you understand and will abide by the following agreements:

| Agreement | ✓ | Initials |
|---|---|----------|
| My valid ZTRHP permit number will be displayed on all advertisements and listings on any hosting platform or other type of advertising. | | |
| I understand I may not book or rent to more than one reservation party on any given date unless I am on site on all of the overlapping rental nights. | | |
| I understand that I am only allowed to be absent from the dwelling for a maximum of 30 nights per licensing year when rentals are occurring. | | |
| I will submit quarterly report form ZTRHP-QR each quarter year to City Zoning, which lists all websites and locations where I have advertised my TRH in the previous quarter and lists names and contact information of all reservation holders, all dates of stays, whether I was on site or off site each night of every guest stay that quarter. | | |
| I understand the collection of room tax is required and this may require me to remit room tax directly to the City Treasurer's Office each quarter year. | | |
| I will not exceed the maximum tourist occupancy (the allowable number of guests.) | | |
| I have reviewed form ZTRHP1-INFO and am familiar with the Tourist Rooming House regulations in the City of Madison. I understand that failure to comply with all regulations may result in grounds for suspension or revocation of my permit and if permit is revoked, fines may be doubled. | | |
| Permit is issued to a specific host. Permit is non-transferable. Permit does not authorize any person, other than the person named therein, to operate a short-term rental home in the dwelling unit. | | |
| I acknowledge that I am to notify the City of Madison Zoning Department within three (3) days if I move and this address is no longer considered my primary address. | | |
| Acceptance of application packet by the city does not constitute the issuance of a permit. Application is subject to review, verification, and inspection before approval may be granted; then payment of annual permit fee before permit is issued. A valid ZTRHP permit must be issued before the property can be offered, advertised, or rented. | | |

Printed Name: _____ Signature: _____ Date: _____