

Effingham Water Authority

P.O. Box 411, Effingham, Illinois 62401
217-347-7333 admin@ewalakesara.org

SHORT TERM RENTAL APPLICATION \$750 annual fee

Date: _____ Applicant Signature: _____

Lease # _____

Address: _____

Property Tax ID: _____

Applicant Name: _____

Applicant Address: _____

Applicant Phone Number: _____

Owner of Dwelling: _____

Owner Address: _____

Owner Phone Number: _____

Promotor &/or Sponsor: _____

Promotor/Sponsor Address: _____

Promotor/Sponsor Phone Number: _____

Designated Operator of Property: _____

Designated Operator Address: _____

Designated Operator Phone Number: _____

24 hour Contact Information:

Name: _____

Address: _____

Phone Number: _____

Proposed Occupancy: _____
Number of Bedrooms: _____
Septic Maintenance Provider: _____
Schedule of Septic Maintenance: _____
• Copy of Septic Maintenance Contract attached _____

Refuse Hauler: _____
Refuse Hauler Phone Number: _____
Schedule of Refuse Pickup: _____

Number of Parking Spaces available: _____
Location of off-site parking: _____

NO ON-STREET PARKING WILL BE ALLOWED

(Please provide a list of property rules with this application – see Ordinance No. 207 for minimum requirements)

(EWA office use only)

Date application received _____

Property Inspected by _____ Date _____

Application: Approved _____ Denied _____

Date: _____

EWA Signature: _____