



Office Use Only
Permit # _____
FEE \$50.00
Map _____
Lot _____

MANAGER /SEASONAL EMPLOYEE HOUSING PERMIT APPLICATION

TOWN OF YARMOUTH
Yarmouth Building Department
 1146 Route 28
 South Yarmouth, MA 02664
 (508) 398-2231 Ext. 1261

APPLICATION FOR: MANAGER UNIT(S) _____ SEASONAL EMPLOYEE HOUSING _____

HOTEL / MOTEL ADDRESS: _____
 SPECIFY STREET # AND NAME SPECIFY SOUTH, WEST OR YARMOUTH PORT

OWNER: _____
 NAME LEGAL ADDRESS TEL. #

MANAGER: _____
 NAME LEGAL ADDRESS TEL. #

ON SITE PROCTOR _____
 NAME ROOM NUMBER CELL #

TOTAL NUMBER OF LICENSED ROOMS: _____

NUMBER OF MANAGER / OWNER UNITS _____ ROOM NUMBERS _____

NUMBER OF SEASONAL HOUSING UNITS : _____ (APRIL 1st – OCTOBER 31st)
 15% MAX

ROOM NUMBERS: _____

INITIAL

I will comply with all applicable Town of Yarmouth Zoning Bylaws and all other applicable laws. _____

Seasonal employee housing shall be used solely by employees and shall not include family members or non-employees. _____

I understand that any false statement(s) will be just cause for denial or revocation of my permit and may result in the town taking further legal action. _____

I declare under penalties of perjury that the statements herein contained are true and correct. _____

Applicant's Signature: _____ Date: _____

Owner's Signature (or attachment) _____ Date: _____

Approved By: _____ Date: _____
 Building Commissioner (or designee)