



PERMIT APPLICATION FORM  
 CITY OF THIBODAUX  
 P.O. BOX 5418  
 THIBODAUX, LA 70302

PH: 985-446-7208  
 Fax: 985-446-7272

**Short Term Rental Occupancy Permit Application**

Please provide a completed application and supplemental documents. All Short-Term Rentals must meet requirements of Section 8.803.N of the City of Thibodaux’s Comprehensive Zoning Ordinance. A separate application is required for each short-term rental unit. Every short-term rental operator must apply for an **Occupancy Permit** as well as an **Occupational License** from the Tax & Licensing Department to begin operations.

<b>APPLICANT INFORMATION</b>		
Applicant( if different from owner)	Date:	
Business Name:	d/b/a:	
Address:		
City:	State:	Zip Code:
Phone #:	Email:	
<b>PROPERTY OWNER INFORMATION</b>		
Property owner name:		
If an LLC, provide the name of person(s) authorized to sign on behalf of LLC:		
Address:		
City:	State:	Zip Code:
Phone #:	Email:	
<b>SHORT-TERM RENTAL INFORMATION</b>		
Address of proposed short-term rental unit:		
City:	State:	Zip Code:
Parcel Number:	Zoning Classification:	
<i>Select the type of Short-Term Rental below:</i>		
<input type="checkbox"/> Single-family ( <i>select one</i> ): <input type="checkbox"/> Whole house <input type="checkbox"/> Partial house  Number of Sleeping Units: _____		<input type="checkbox"/> Accessory Dwelling Unit  Number of Sleeping Units: _____