



Stone County Health Department
Environmental Services
P.O. Box 125
Galena, Missouri 65656
Telephone: 417-357-8200 FAX: 417-357-6031

VACATION HOME RENTAL PERMIT APPLICATION

Owner Name: _____

Owner Address: _____

Name, address, and telephone number of the managing agency, agent or local contact person for the owner of the vacation home rental:

I have read the Stone County Health Code Vacation Home Rental Ordinance. Yes No

Please include the following items:

- ✓ Diagram or photograph of the premises showing and indicating the number and location of designated onsite parking spaces, and the maximum number of vehicles allowed for overnight occupants.
- ✓ Evidence of a valid Stone County Merchants License.
- ✓ Onsite Wastewater Treatment System Inspection Report performed by a licensed onsite inspector. List may be obtained at: <http://www.dhss.mo.gov/Onsite/inspectors/Stone.html>
- ✓ Application and renewal fee of \$150.00

Office Use

Date Received _____ Payment Received _____

Permit # _____