

MAP 03
LOT 016

copy
Driver license

Emergency Contract

Ed KRAF ~~House~~
House

Town of Stonington
PO Box 9 / 32 Main St
Stonington, ME 04681
(207) 367-2351

James, Taylor and Harris, Julianne
18 Cat Cove Rd
Stonington, ME 04681

6/13/2024 Receipt # 539149

Payment Method	Check #
Check	253

Item	Amount
STR- OO/SR 1st Unit	50.00
	0.00

Total Sale: \$50.00



TOWN OF STONINGTON, MAINE
Permitting and Inspections Department

SHORT TERM RENTAL UNIT REGISTRATION

Please use this application to register or annually renew each rental unit.

- A SEPARATE FORM IS REQUIRED FOR EACH PROPERTY WITH ITS OWN MAP AND LOT.
- A rental unit is any portion of a residential structure that is available to rent for any length of time to an individual.
- Stonington ordinances require an owner, manager, and any other person/entity responsible for the property to register all rental units. Registration is due annually by January 1.
- A registration application is not complete until payment and all accompanying paperwork are ATTACHED and received. PLEASE COMPLETE ALL FIELDS.

Year Round Rentals (LRR)	First Unit	\$	5.00
Annual Registration Fees	Second Unit	\$	5.00
	Third Unit	\$	5.00

Short Term Rentals (STR)
A short-term rental is less than 30 days.

Annual Registration Fees:

Owner Occupied or Stonington resident-owned Units STR	First Unit	\$	50.00
	Second Unit	\$	100.00
	Third Unit	\$	150.00

Non-Owner Occupied STR Units	First Unit	\$	250.00
	Second Unit	\$	500.00
	Third Unit	\$	1,000.00
	Any Additional	\$	2,000.00

For more information go to
<https://www.stoningtonmaine.org/documents-resources/ordinances.php>

Version 12/12/2023



MAP 03
LOT 016

TOWN OF STONINGTON
Permitting and Inspections Department

NEW SHORT TERM RENTAL REGISTRATION RENEWAL/PERMIT #

SECTION 1: PROPERTY INFORMATION		
Street Number 18	Street Name COT COVER RD	Map & Lot Number 003-016

Type of Property* (i.e. Room in Private Home, Seasonal, Accessory Dwelling Unit) *accessory dwelling unit*
 Total Number of Units on Property: *1 Rental unit*

Total # of Parking Spots on property: *3*

*If located in a condominium or homeowners association, you attest that the use of the unit as a short term rental is allowed. Yes No

SECTION 2: OWNER INFORMATION (COMPLETE AT LEAST ONE LISTED BELOW)		
A. Individual Ownership:		
Owner First Name <i>Julianne</i>	Owner Last Name <i>Harris</i>	Primary Telephone Numbers <i>908 581 0677</i>
Mailing Address <i>18 Cot Cover Rd, Stonington 04681</i>		Email Address <i>julianne.taylor.harris@gmail.com</i>
B. Corporate Ownership:		
**A completed Supplemental Corporation Sheet must be ATTACHED and submitted with the application.		
Ownership form (please select from): Partnership Corporation LLC Other (please explain)		
Corporate Name		Primary Telephone Numbers
Mailing Address		Email Address



TOWN OF STONINGTON
Permitting and Inspections Department

SECTION 3: AUTHORIZED AGENT (if different from owner)
 If property owner is a partnership, corporation, LLC or any other form of business entity, the authorized agent must be an individual who resides in the State of Maine.

Registered Agent First Name	Registered Agent Last Name	Telephone Number
Mailing Address		Email Address

SECTION 4: EMERGENCY CONTACT/PROPERTY MANAGER (if different from owner)

EMERGENCY CONTACT/ Property Manager Name <i>HARRIS</i>	Telephone Number
Mailing Address <i>18 CAT COW RD</i>	Email Address <i>on Front</i>

SECTION 6: RENTAL UNIT(S) REGISTRATION FOR THIS MAP AND LOT # ONLY

Please describe EACH rental unit(s) by indicating the following:

- If renting a room(s), please describe as Guest bedroom A, Master bedroom, Basement bedroom, etc.
- Report the number of nights rented the PREVIOUS YEAR between 1/1 through 12/31 for both SHORT TERMS and YEAR ROUND RENTALS in separate columns as indicated.
- **Note:** Owner Occupied is defined as a unit on property on which the owner is present during the rental or any unit owned and rented by a Stonington resident.
- **Note:** Maine State Plumbing Code limits property occupancy based on # of BR. # of Baths is required to track natural resource and/or Stonington Water Company usage.

Unit Description	Short Term Rental: # of Nights	Year Round Rental: # of Nights	# of BR	# of Baths	does this unit have a kitchen? Y/N	Owner Occupied	Non Owner Occupied
<i>cabin</i>	<i>0</i>	<i>0</i>	<i>2</i>	<i>1</i>	<i>Y</i>	<i>X</i>	



TOWN OF STONINGTON
Permitting and Inspections Department

Did you complete?

- Have you submitted a separate application for each property map and lot #?
 A single property map and lot # may have multiple rental units as described in Section 6
- Are ALL FIELDS in the STR Registration Application complete?
- Have you completed full contact info for Emergency Contact/Property Manager?
- Have you fully completed Section 6, Rental Units Description, for each rental unit on the property?
- Is the ownership of this unit Individual or Corporate? Corporate Ownership Requires Attached Disclosure Form
- Do you occupy the property when it is being rented, or are you a Stonington resident? *yes to both*
- If you are a resident, please provide the attached, notarized Primary Residence Affidavit which will require evidence that this is your primary residence (voter or vehicle registration)
- Have you provided evidence of property insurance?
- Have you signed this Certification of Application?

Payment Information:

Pay the registration fee:

- in person by cash, check, or credit card;
- mail a check - Make checks payable to "Town of Stonington", note the address on the check and include with application.

Please return completed application, documents and fees to:

Town Office
 32 Main Street, P.O. Box 9
 Stonington ME 04681

To the best of my knowledge, I certify that the information being registered is true and correct.

Signature <i>J. Harris</i>		Telephone Number <i>908 581 0677</i>
Relationship to Property <i>owner</i>	Date <i>6/13/24</i>	Email Address <i>julianne.taylor.harris@gmail.com</i>



TOWN OF STONINGTON
Permitting and Inspections Department

PRIMARY RESIDENCE AFFIDAVIT

I, Julianne Harris, represent under oath that the following statements are true and correct to my personal knowledge:

1. I reside at 18 COVE RD, Stonington, Maine, Map and Lot # 003-016 (the "Residence").
2. The Residence is currently my legal residence for government purposes, including income and property taxes and exemptions, voting, vehicle taxes and registration, licensing, benefits, and others, as applicable.
3. I reside at the Residence for more than one-half of the calendar year. yes
4. The Residence will remain my legal residence for more than one-half of the calendar year. yes
5. I have provided one of the following documents:
 - a. Valid Driver's License or State issued Identification
 - b. Valid motor vehicle registration
 - c. Proof of homestead exemption: _____
 - d. Other (please list): _____

Date: June 11, 2024

Julianne Harris
Signature

Personally appeared before me the above-named affiant and made oath that the foregoing affidavit is true and correct to his/her personal knowledge.

Date:

Bridget Brophy
Notary Public/Attorney at Law

BRIDGET E BROPHY
Notary Public, State of Maine
My Commission Expires Dec. 30, 2028

Staff Use Only:

Type of Verification Document:	<u>voter registration</u>	Staff Initials:	<u>MCR</u>
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TOWN OF STONINGTON
Permitting and Inspections Department

CORPORATE DISCLOSURE

The answers to questions 1-4 must match the information on file with the Maine Secretary of State's office. Your certification must be in good standing. If you have questions regarding this information, please call the Secretary of State's office at (207) 624-7752. Please clearly complete this form in its entirety. Thank you.

1. Exact legal name: _____
2. Doing Business As, if any: _____
3. Date of filing with Secretary of State: _____ State in which you are formed: _____
4. If not a Maine business entity, date on which you were authorized to transact business in the State of Maine: _____
5. List the names, addresses, and titles of the officers and directors and list the percentage of ownership (attach additional sheets as needed):

NAME	CURRENT ADDRESS	TITLE	OWNERSHIP %

(Stock ownership in non-publicly traded companies must add up to 100%.)

Signature: _____ Date: _____
Signature of Owner or Corporate Officer

Print Name of Owner or Corporate Officer



9800 Fredericksburg Road
San Antonio, Texas 78288

JULIANNE T HARRIS
18 CAT COVE RD
STONINGTON, ME 4681

June 12, 2024

Reference: Existing USAA Homeowners Insurance Policy Summary

We're writing to provide the following summary of the USAA homeowners policy:

Effective date of policy:	August 10, 2023 12:01 a.m. local time
Policy expiration date:	August 10, 2024 12:01 a.m. local time
Policy location:	18 CAT COVE RD, STONINGTON, ME 04681
Policy number:	GAR 021972988 90A
Named Insured:	JULIANNE T HARRIS

Description of coverage(s)

Dwelling coverage:	\$357,000
Home Protector:	Included
Personal belongings:	\$178,500
Personal liability:	\$500,000
Medical payments:	\$5,000

Deductible(s)

All other perils:	1.00% (\$3,570)
Wind and hail:	1.00% (\$3,570)

Revised Annual Premium: \$1,733.09

Mortgage clause:	ROCKET MORTGAGE, LLC ISAOA PO BOX 202070 FLORENCE, SC 29502-2070
Loan number:	3532091978.

Your Home Protector coverage, if included, provides you an additional 25% of dwelling coverage. Policy terms, conditions and exclusions apply.

Notification to Additional Interest Upon Cancellation

If this policy is canceled or not renewed, the mortgagee/lender will be properly notified at least 10 days before the date cancellation or nonrenewal takes effect.

If you have questions about the changes to the policy, please call us at 210-531-USAA (8722), our mobile shortcut #8722 or 800-531-8722. As always, we appreciate the opportunity to serve you.

Thank you,
Garrison Property and Casualty Insurance Company

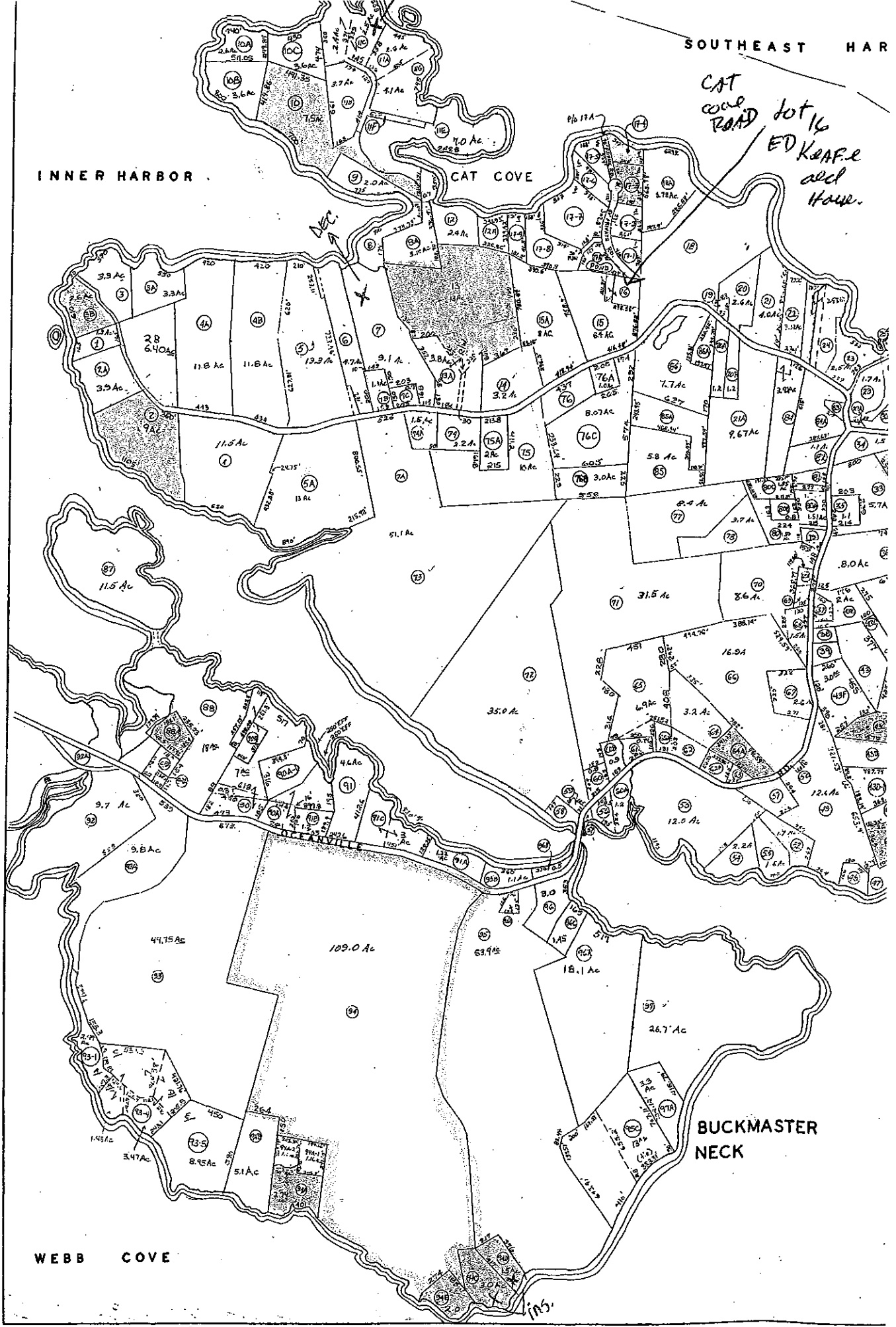
Garrison Property and Casualty Insurance Company, a subsidiary of USAA Casualty Insurance Company, is authorized to use the USAA logo, a registered trademark of United Services Automobile Association.

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COVE ROAD lot 16
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and
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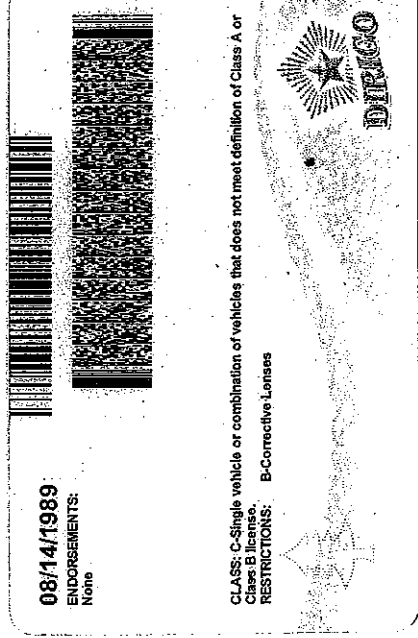
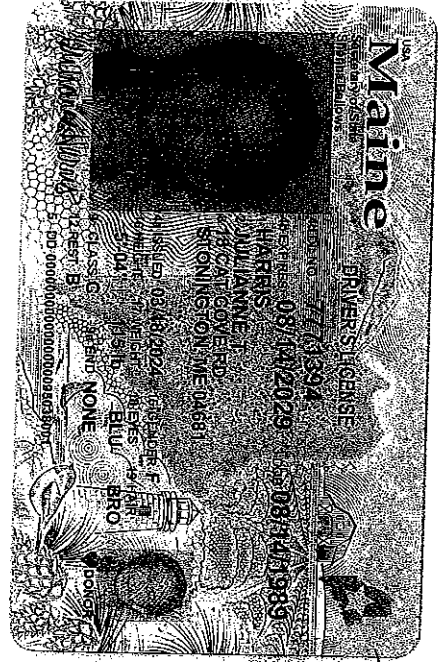
INNER HARBOR

CAT COVE



WEBB COVE

BUCKMASTER NECK



Brianna —
This goes with
STR for this
month's PB mtg.
Thanks.