



City of Fort Collins
Neighborhood Services
P.O. Box 580
Fort Collins, CO 80522
Phone 970-224-6046

Host Family Permit -Application-

PLEASE TYPE OR PRINT

Date of Application: _____

Address of Premises: _____
Street Address Fort Collins, CO Zip Code

Owner Name: _____ Phone # _____

Reason for Extra Occupancy _____

Dates Host Family Permit is Applied for: _____
(cannot exceed 10 months) Start Date End Date

Host Family Permit Requirements

- Application fee is **\$25.00**
- Permit is valid for ten (10) months from the date of issuance
- Eligibility limited to single family homes and expressly excludes multi-family dwellings such as condominiums, townhomes and apartments
- Dwellings occupied exclusively as rental properties are expressly prohibited from receiving a Host Family Permit
- Applicant shall be the owner of the premises and shall occupy the premises for the duration of this application
- Occupancy limited to one (1) additional person over and above the number of persons allowed under FCLUC Section 3.8.16(A)(1)
- Adequate off-street parking available to accommodate one (1) additional occupant
- For the twelve (12) months immediately preceding the date of the application, there have been no violations of FCMC Chapters 17 or 20 or FCLUC Section 3.8.16 at the premises
- Permit may be revoked should any violation of FCMC Chapter 17 or 20 or FCLUC Section 3.8.16 occur at the premises during the time period covered by this application
- A minimum of (2) months have elapsed since the expiration of any previous Host Family Permit for the same premises

I hereby apply for a City of Fort Collins Host Family Permit. I understand and agree to comply with the Host Family Permit requirements stated herein and further understand that any permit issued as a result of this application may be revoked at any time for my failure to follow the requirements stated herein.

Applicant Signature: _____ Date: _____

Please remit \$25 with this application. When returning the application by mail, please use the address at the top of this form. If returning in person, please remit to the Neighborhood Services Office at 281 N. College Avenue.

Official Use Only

Special Conditions or Circumstances: _____

_____ Approved _____ Denied _____

City Official Date Permit No.