



**Town of Pittman Center – Overnight/Tourist Rental for Single Family Dwelling(s) Permit Application**

**Owner(s) Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Addresses & Cabin Name (If Applicable) for Single Family Dwellings utilized as Overnight/Tourist Rentals:**

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**\*Feel free to attach a separate sheet**

**Applicant/Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_