## SHORT-TERM RENTAL PERMIT APPLICATION



SECTION ONE: SITE INFORMATION	
	his the property owner's primary residence?* Yes
	y owner shall reside on site for a minimum 183 days during the calendar
SECTION TWO: APPLICANT INFO	5 1
roperty Owner Name Phone	
econdary Contact Name Phone	Email
econdary Contact Address The property owner or secondary contact must be available to be on site within 30 minutes of being without signed secondary contact consent. The contact information provided will be made available	
econdary Contact Signature	
SECTION THREE: PROPERTY MANAGER (if applicable)	
Property Manager Name Phone	Email
Property Manager Address	
understand the following rules and regulations regarding short term rent	als. Initial each item.
I must have an active Business License account with the City	
I am responsible for paying Transient Occupancy Tax on the revenue generated from sho	ort-term rent
A maximum of six people can rent at any one time	
All applicable parking regulations apply to short-term renters	
I have reviewed the Short-Term Rental regulations outlined in Chapter 4.25 of the Munici	ipal Code
I certify that I have working smoke and carbon monoxide detectors in accordance with C dential Code sections 314 and 315	California Resi-
I certify that I have home owner's insurance	
I certify that I have notified the property owners within 200 feet of the proposed short-te	erm rental site
SECTION FIVE: INFORMATION PROVIDED	
have provided the following information for reference. Initial each item.	
Floor plans and parking location(s)	
SECTION SIX: AGREEMENT AND SIGNATURE	OFFICIAL LISE ONLY
hereby certify under penalty of perjury that the answers I have given are true and correct to the best of my	OFFICIAL USE ONLY
received the finder penalty of penalty that the answers mave given are true and confect of the best of my knowledge and belief, and I understand and agree that any false or misleading answer will result in denial or evocation of any permit. Further, the City is hereby authorized to seek and verify information contained in this application. I understand verification of the accuracy of the application information is a matter of public record and may be made available to interested parties upon request.	Assessor Parcel Number
	Property Zoning
PPLICANT SIGNATURE	Primary residence verified: Yes No
	Proof of residence: Yes No
	1 1001 01 residence. Tes 110
DATE	Staff name: