





Date	Received by
Tracking Number	

SHORT TERM RENTAL APPEAL APPLICATION

	-		or incomplete applications	-
				the appeal against the stan-
will take action on the		nning Commission staff w	III forward its recommenda	tion to the City Council, which
	-			
Square Number	Property Location Lot Number			
APPLICANT IN	FORMATION			
Applicant Identity:	O Property Owner	O Agent		
Applicant Name				
Applicant Contact Num	nber	Email _		
PROPERTY OW	VNER INFORMATI	ON SAME AS A	BOVE	
Property Owner Name				
Property Owner Contac	ct Number	Email _		
PROJECT DESC	CRIPTION			
ADDITIONALIA	ALEO DIMATIONI			
ADDITIONAL II	NFORMATION			
License Number(s) (If applicable)		Number of Off-street Pa		ing Spaces
Type of Building	Residential (Single Family)	• Residential (Two Family/double)	Apartment or Unit in Multi-Family Building	○ Condo
Type of Rental	Accessory 1 side of a Double	• Accessory Partial Unit	○ Temporary	O Commercial
Number of Bedrooms i	Number of Bedrooms in Unit: Number of Bedrooms to k		oe Rented:	
Maximum number of C	occupants per Bedroom:			
List all platforms you rent/will be renting this property through (e.g. AirBnb, VRBO, HomeAway, etc):				







Date	
Tracking Number	

SHORT TERM RENTAL APPEAL APPLICATION

DEOI		^ TT ^	CHME	NITC
$\mathbf{R} = (0.01)$	$\Pi \bowtie \vdash \Pi$	$\Delta \cup \cup \Delta$	(HIVIE	IVI I 🥆

1. SITE PLAN	4. FLOOR PLAN
 Property lines with width, depth, and area noted Distance of all buildings from property lines Building location, dimension, square footage Location and dimensions of all vehicular use areas, including curb cuts, interior streets, driveways, bicycle parking, vehicle parking and loading areas Location of pedestrian walkways Fence height, material, and location Impervious and pervious surfaces with area noted Right-of-way improvements including sidewalks, plantings, curb cuts Location of refuse storage areas Identify all existing and proposed conditions on the site 2. PHOTOS Photographs of the subject site and/or the interior and exerior of the building 3. SHORT TERM RENTAL LICENSE/PERMIT APPLICATION A completed application for a Short Term Rental License/Permit 	 Indicate the square footage of building(s) Room use, dimension, and square footage Location of all walls, doors, windows, and stairways Location of all major plumbing fixtures Location of major appliances/mechanical equipment NARRATIVE Narrative addressing compliance with applicable review standards in the Comprehensive Zoning Ordinance: Is the requested appeal compatible with the surrounding land uses and structures? Does the requested appeal provide for an efficient use of land? Will granting the requested appeal increase traffic and safety hazards? Does the requested appeal provide for an efficient parking layout? Will the requested appeal increase community environmental impacts?
FEES	
Short Term Rental Appeal \$1000	
ACKNOWLEDGMENTS	
ing Ordinance to submit this application. I (We) ackr improper authorization, or property identification wil	requirements of Article 4 of the Comprehensive Zon- owledge that inaccurate or incomplete ownership,
Applicant Name	Date
Applicant Signature	
Property Owner Name	
Proporty Owner Signature*	

*If ownership is joint, each owner must be listed. If ownership is a partnership, the Partnership Agreement must be included. If ownership is a corporation, Articles of Incorporation and a Board Resolution authorizing an individual or agent to sign on its behalf or if ownership is a LLC, Articles of Organization and legal documentation authorizing an individual or agent to sign on its behalf must be included. If necessary, submit proof of ownership documents, such as copies of the recorded act of sale, act of exchange, act of donation, cash sale or deed. Appropriate documentation is also required for successions.