



SHORT-TERM RENTAL PERMIT CHECKLIST AND APPLICATION

This application form, when completed and signed by authorized City staff, serves as your STR permit for the year beginning on July 1.

SJB MC Chapter 3.9

Owner Name: _____

Mailing Address: _____

Owner Email Address _____

STR Property Address: _____

Assessor Parcel Number: _____

THE FOLLOWING MUST BE INCLUDED WITH YOUR NEW OR STR PERMIT RENEWAL APPLICATION:

- **Short Term Rental Permit Fee: \$611.50**
- **Annual Renewal Fee: \$300.00**
- **Application (2-pages, signed)**
- **Proof of Insurance: Proof of \$1M General Liability Insurance.**

Checklist: Submit the following information for new or renewed STR permits. The City will use prior year information if there are no changes. Please check off any new or revised documents (floor & site plan, signs, etc.) and submit updated information with your application.

new	renew	
		SITE PLAN: Of entire property, dimensioned or drawn to scale, showing and labeling all structures, including those not associated with the STR, OWTS location and off-street parking spaces
		FLOOR PLAN: dimensioned or drawn to scale showing bedrooms & total square footage. Note: If the STR is not the entire residence, then the floor plan must indicate the portions of the home that will be used as a STR and any areas of the home that will be "shared use" between the STR guests and long-term tenants or owners.
		RENTAL AGREEMENT: Copy of Rental Agreement addressing all requirements of the STR Ordinance.
		GOOD NEIGHBOR CONTRACT: Attached to the main rental agreement or included within it.
		LOCAL CONTACT & 24/7 EMERGENCY CONTACT: Phone number included on the application. Must live within 25 miles/30 minutes of STR, and be prominently displayed inside the STR.
		SIGN COMPLIANCE: If your STR has exterior signage to alert the public that a rental exists at that location, please provide a photo of the sign along with dimensions

Operation of a Short-Term Rental (STR) in the City of San Juan Bautista requires a Business License and a STR Permit both of which must be renewed annually before June 30, regardless of the date of the initial permit.

Inspections will be scheduled as soon as the applications are received and processed. All STR's must have all their application materials submitted and an inspection scheduled on or before June 30 annually.

STR Marketing Platform: _____

Property Management Company: _____

Property Manager & Phone Number: _____

Property Manager Email: _____

Local Contact Name and 24-Hour Contact Number: _____

Number of Bedrooms*: _____ * Only include bedrooms that are part of the STR

Total Interior Square Footage: _____ Total Property Square Footage: _____

Number Off Street Parking Spaces: _____ (Include Site Plan showing parking locations)
(Off-Street = fully located on private property – not on street or alley public right of way)

Number of STR Occupants Proposed (limit of 10 people, 2 persons per bedroom and 5 bedrooms): _____

Number of Long Term Renters/Owner sharing the property with STR guests: _____

Certification & Acknowledgement

I hereby certify under penalty of perjury that:

- 1) I am the owner, or an authorized agent of the owner, of the STR described in this application;
- 2) The information included with this application is true and correct;
- 3) I will operate this STR in accordance with the rules and regulations defined in Chapter 3.9 and City Council Resolution _____;
- 4) I understand that the STR may be revoked should I fail to remit the required TOT tax, and agree to random reasonable audits. I will keep three (3) years of records sufficient and accessible to enable audits.
- 5) Certain activities on the property of my STR may be found to conflict with the health, safety, comfort and general welfare of persons residing or working in the neighborhood or area of the City surrounding the STR; if so and not corrected, my STR permit may be revoked or not renewed.

Signature: _____ Date: _____

Print Name and Title (owner, manager, lessee etc.): _____

<u>Official Use Only</u>		
STR Permit No. _____	Issue Date _____	Business License No _____ Issue Date: _____
Maximum Occupancy: _____	Zoning Designation: _____	
Approval Authority _____		
Name	Signature	Date

SITE PLAN

**Site Plan does not need to be professionally prepared, but must be roughly to scale and show all structures, OWTS placement and available off street parking for the STR.*