



# Performance Standard Permit

## Residential Use Class II - Short Term Rental

### APPLICATION St. Louis County, Minnesota

 Permit # 

**About:** This application is used to apply for a Short Term Rental Permit. Applicants will need to attach all required worksheets, information and attachments in order to process. For more information, see our website at: <http://www.stlouiscountymn.gov/land-use>

#### PROPERTY IDENTIFICATION NUMBER (PIN) PIN is found on your Property Tax Statement

Primary PIN Structure/SSTS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Associated PIN	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

E.g. 123-1234-12345. Primary PIN: Parcel where Structure/SSTS are located. Associated PIN: Additional and/or adjacent property that you own or that is related to the project. County Land Explorer: <https://gis.stlouiscountymn.gov/landexplorer/> Property Lookup: <http://apps.stlouiscountymn.gov/auditor/parcelInfo2005Iframe/>

#### APPLICANT

Applicant Name (Last, First)		I am a... <input type="checkbox"/> Permittee/Operator <input type="checkbox"/> Homeowner <input type="checkbox"/> Other		Daytime #		Date				
Applicant Address				City		State		ZIP		
Applicant Email										
Contact Person					Contact Person #					
Mailing Address (Where to Send Permit)					City		State		ZIP	
Email Address (Where to Email Permit)										

#### SITE INFORMATION

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there a site address for this property? (If no, the application will be forwarded to 911/Communications to assign one.)
If yes above, please list site address:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is this leased property? If yes, leased from: <input type="checkbox"/> MN Power <input type="checkbox"/> MN DNR <input type="checkbox"/> US Forest Service <input type="checkbox"/> St Louis County <input type="checkbox"/> Other
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have written authorization from the leased property owner? If yes, you must attach written authorization form.
How is the property accessed? <input type="checkbox"/> Public Road <input type="checkbox"/> Private Road <input type="checkbox"/> Easement <input type="checkbox"/> Water <input type="checkbox"/> Other		
(If accessed by easement, easement documentation must be attached.)		

#### OCCUPANCY INFORMATION

	Total # of bedrooms on property
	Total # of allowed guests

#### TYPE OF APPLICATION

**PLEASE MAKE CHECKS TO: ST. LOUIS COUNTY AUDITOR**

 Performance Standard Permit: Short Term Rental - **\$385**

#### AGREEMENT

By submitting this application, I certify and agree that I am the owner or the authorized agent of the owner of the above property, and that all uses will conform to the provisions of St. Louis County. I further certify and agree that I will comply with all conditions imposed in connection with the approval of the application. Applicants may be required to submit additional property descriptions, property surveys, site plans, building plans and other information before the application is accepted or approved. **Intentional or unintentional falsification of this application or any attachments thereto will make the application, any approval of the application and any resulting permit invalid.** I authorize St. Louis County staff to inspect the property to review the application and for compliance inspections. Furthermore, by submitting this application, I release St. Louis County and its employees from any and all liability and claims for damages to person or property in any manner or form that may arise from the approval of the application or any related plans, the issuance of any resulting permit or the subsequent location, construction, alteration, repair, extension, operation or maintenance of the subject matter of the application.

#### CONTACT: Planning and Community Development Department

**Technical Assistance**  
 Toll Free: 1-800-450-9777  
 Land Use Information  
[www.stlouiscountymn.gov/landuse](http://www.stlouiscountymn.gov/landuse)

**Duluth**  
 Government Services Center  
 320 West 2<sup>nd</sup> Street, Suite 301  
 Duluth, MN 55802  
 (218) 725-5000

**Virginia**  
 Government Services Center  
 201 South 3<sup>rd</sup> Avenue West  
 Virginia, MN 55792  
 (218) 749-7103

#### Office Use Only

Receipt #	_____
Receipt Date	_____
Payment Amount	_____



# Performance Standard Permit

## Residential Use Class II - Short Term Rental

### WORKSHEET St. Louis County, Minnesota

**About:** A performance standard permit is authorization given for the use of a short term rental dwelling unit defined as any home, cabin, condominium or similar building represented to the public as a place where sleeping accommodations are furnished to the public on a nightly or weekly and for less than thirty days basis for compensation and is not a planned development, commercial, as defined.

#### ABOUT THE SHORT TERM RENTAL USE

##### SHORT TERM RENTAL

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the property located in one of the following zone districts: <b>Commercial or Sensitive</b> ? If yes, a Conditional Use Permit Application is required.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the property located in <b>Residential</b> zone district? If yes, additional standards apply. (See fact sheet for additional standards)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there more than one rental dwelling unit on the same parcel or single units on contiguous parcels under common ownership? If yes, is subject to ordinance requirements for proposed use and a Conditional Use Permit Application may be required.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you currently reside at this property?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the property used primarily for rental purposes? If yes, shall be deemed a Commercial Use-Class II as a Commercial Short Term Rental and subject to ordinance requirements.

How is the property currently being used?

Please describe the proposed use. (List all structures included with the proposed use)

##### DESCRIPTION OF YEARLY USE\* (Total number of days must equal 365)

	Intended # of days for personal use
	Intended # of days for rental use
	Intended # of days unused

**\*Primary use of the property for short term rental purposes may affect your property tax classification. Please contact your County Assessor for more information. <https://www.stlouiscountymn.gov/departments-a-z/assessor>**

##### TRAFFIC, PARKING, AND/OR DOCKAGE

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the proposal generate an increase in traffic? (Boat, snowmobile, truck, bus, car, etc.)
If Yes, how many parking spaces are available on the property? (Please attach on-site parking plan)		

**SIGNAGE AND LIGHTING**

Yes  No Does your proposal include signage? (Include any off-site signs)

If Yes, please list number of signs, size, location, and illumination of each sign:

Yes  No Will there be lighting (including security lighting) that may be visible from roads, waterways, and adjacent properties?

If Yes, please explain:

**REQUIRED POSTINGS**

Yes  No Have applicable licenses, rules and regulations and emergency contact information for police, fire, hospital, septic tank pumper, and permittee/owner/operator been posted in a prominent location within the rental unit? (Please attach copies)

If No, please explain:

Yes  No Have Aquatic Invasive Species (AIS) prevention guidelines been posted for watercraft use? (Please attach copy)

If No, please explain:

**WASTEWATER TREATMENT**

Will wastewater will be generated?

Yes  No

If Yes, what type of system will be used to handle wastewater treatment?

Private Septic System

Municipal

Other, please explain:

**SOLID WASTE** *Check all types of waste generated and describe how you will collect and store waste generated from the Short Term Rental below:*

Household Garbage

Animal Waste

Other

If Other, please explain:

Please describe collection and disposal:

**SCREENING**

What type of visual screening will be used:

From Roads

Vegetative  Fence  Other

From Adjacent Properties

Vegetative  Fence  Other

From Lakeshore (if applicable)

Vegetative  Fence  Other

Please Describe:

**AUTHORIZING AGENCIES**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you received a Lodging License from the Minnesota Department of Health for this Short Term Rental? If Yes, please attach copy.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you received a Minnesota Tax Identification Number from the Minnesota Department of Revenue for this Short Term Rental? (Please attach copy) If No, your application will be returned.

**ADDITIONAL REQUIRED INFORMATION & ATTACHMENTS**

1. Electronic Map or Sketch:
Boundary lines with parcel dimensions.
Existing Buildings. (see site sketch form for required information)
If located in a <b>RES</b> zone district, property lines shall be located by a licensed land surveyor <b>OR</b> a written agreement between the adjoining property owners and the short term rental permittee/owner/operator may be submitted and filed with the Department.
2. Documents:
Copy of a septic permit to construct or certificate of compliance approval or municipal/sanitary district approval.
Minnesota tax identification number and other applicable identification numbers.
Proof of appropriate liability insurance.
On-site parking plan.
Current contact information for person(s) responsible for property management.
Photo documentation of visual demarcation of the property lines.
Evidence of ownership.
Other information as deemed necessary by the Director.

**CONTACT: Planning and Community Development Department**

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Payment Amount \_\_\_\_\_  
Paid By \_\_\_\_\_



# EMERGENCY CONTACT INFORMATION

## Short Term Rental St. Louis County, Minnesota

**About:** The permittee/owner/operator shall post within the rental unit the rules and regulations and emergency contact information for police, fire, hospital, septic tank pumper, and permittee/owner/operator.

### APPLICANT

Name

Address

City

State

ZIP

Email

Contact Person

Contact Person #

Contact Person Email

### PROPERTY MANAGEMENT/LOCAL CONTACT

Name

Address

City

ZIP

Email

Contact Person

Contact Person #

Contact Person Email

### POLICE

Station Name

Address

City

ZIP

Non-Emergency #

Emergency #

### FIRE

Station Name

Address

City

ZIP

Non-Emergency #

Emergency #

**HOSPITAL**

Name

Address

City

ZIP

Contact #

**SEPTIC TANK PUMPER**

Name

Address

City

ZIP

Email

Contact Person

Contact Person #

Contact Person Email

**CONTACT:** Planning and Community Development Department**Technical Assistance**

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Paid By \_\_\_\_\_

# Site Sketch Form

The sketch is to graphically illustrate your proposed project(s)

## Draw and Label on Sketch (in feet)

- \*All Structures on the Property and Dimensions
- \*All Driveways, Access Roads, and Wetlands
- \*All Proposed Structures and Dimensions
- \*All Parking Areas
- \*All Fencing and Vegetative Screening

- \*Distance of Existing/Proposed Structures to Shoreline (Closest Point)
- \*Distance of Existing/Proposed Structures to Septic System and Tank
- \*Distance of Existing/Proposed Structures to Property Lines
- \*Distance of Existing/Proposed Structures to Road Centerline and Right-of Ways

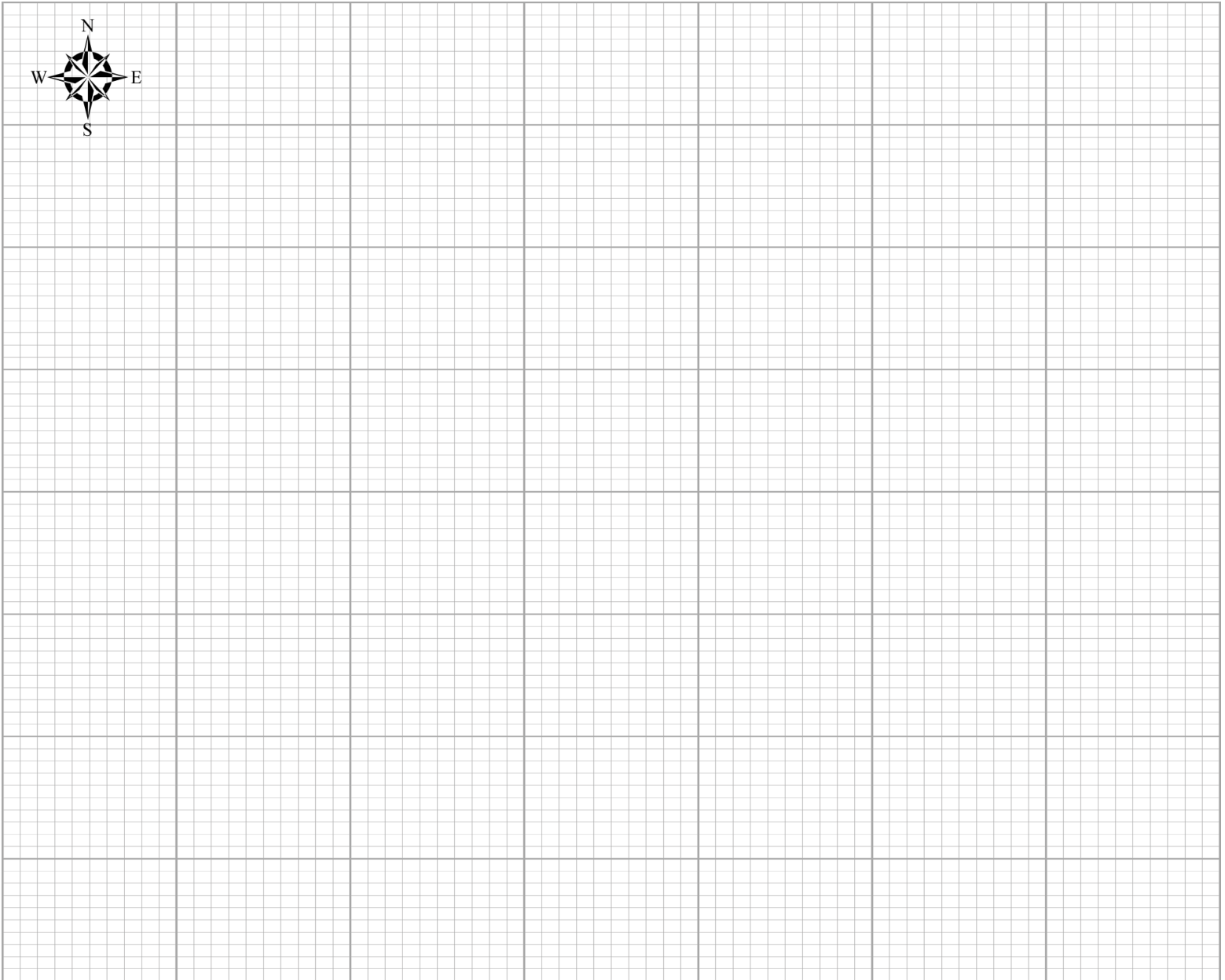
You may submit your own site sketch **IF it has the required information indicated above.**

\*Applicant Name:

\*Site Address:

\*PIN:



									
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### \*\*\*Sanitary Authority Use Only\*\*\*

**Sanitary Review:** (To be determined by appropriate sanitary authority.)

Will the proposal, as shown above, negatively impact the SSTS/sanitary line or replacement area?  Yes  No

**Sign off:**

Signature \_\_\_\_\_ Title \_\_\_\_\_