Conditional Use Permit (CUP)

Short Term Rental

APPLICATION St. Louis County, Minnesota

Permit #

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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: www.stlouiscountymn.gov/PZ

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

Primary PIN Structure/SSTS				-					-						Associated PIN				-					-					
Associated PIN				-					-						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: www.stlouiscountymn.gov/Explorer/ Property Lookup: https://apps.stlouiscountymn.gov/ParcelTaxLookup/

APPLICANT

Applicant Name (Last, First) I am a... ☐ Permittee/Operator ☐ Homeowner ☐ 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

☐ Yes	☐ 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:		
☐ Yes	☐ No	Is this leased property? If yes, leased from: ☐ MN Power ☐ MN DNR ☐ US Forest Service ☐ St Louis County ☐ Other
☐ Yes	☐ No	Do you have written authorization from the leased property owner? If yes, you must attach written authorization form.

How is the property accessed? ☐ Public Road ☐ Private Road ☐ Easement ☐ Water ☐ Other

(If accessed by easement, easement documentation must be attached.)

TYPE OF APPLICATION

PLEASE MAKE CHECKS TO: ST. LOUIS COUNTY AUDITOR

☐ Conditional Use Permit: Short Term Rental - **$720**

☐ Conditional Use Permit Rehearing: Short Term Rental - **$230**

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 Zoning Department

Technical Assistance
Toll Free: 1-800-450-9777
Land Use Information
www.stlouiscountymn.gov/PZ

Duluth
Government Services Center
320 West 2nd Street, Suite 301
Duluth, MN 55802
(218) 471-7103

Virginia
Government Services Center
201 South 3rd Avenue West
Virginia, MN 55792
(218) 471-7103

Conditional Use - Short Term Rental

WORKSHEET St. Louis County, Minnesota

PERMIT TYPE		
☐		Short Term Rental Permit (Requires Conditional Use Approval)
SHORT TERM RENTAL		
☐ Yes	☐ No	Is the property located in one of the following zone districts: **Commercial or Sensitive**?
☐ Yes	☐ No	Is the property located in **Residential** zone district? If yes, additional standards apply. (See fact sheet for additional standards)
☐ Yes	☐ No	Is there more than one rental dwelling unit on the same parcel or single units on contiguous parcels under common ownership?
If yes, how may rental dwelling units?		
☐ Yes	☐ No	Do you currently reside at this property?
☐ Yes	☐ 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)		
OCCUPANCY INFORMATION		
		Total # of bedrooms on the property
		Total # of allowed guests
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. www.stlouiscountymn.gov/assessor**		
TRAFFIC, PARKING, AND/OR DOCKAGE		
☐ Yes	☐ 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	From Adjacent Properties	From Lakeshore (if applicable)
☐ Vegetative ☐ Fence ☐ Other	☐ Vegetative ☐ Fence ☐ Other	☐ Vegetative ☐ Fence ☐ Other

Please Describe:

AUTHORIZING AGENCIES		
☐ Yes	☐ No	Have you received a Lodging License from the Minnesota Department of Health for this Short Term Rental? If Yes, please attach copy.
☐ Yes	☐ 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 **RES** zone district, property lines shall be located by a licensed land surveyor **OR** 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 Zoning Department

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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		

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Site Sketch Form

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

Draw and Label on Sketch (in feet)

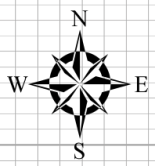
- ☐ ***All** Structures on the Property and Dimensions
- ☐ ***All** Driveways, Access Roads, and Wetlands
- ☐ ***All** Proposed Structures and Dimensions
- ☐ ***All** Parking Areas
- ☐ ***All** Fencing and Vegetative Screening
- ☐ ***Distance** of Existing/Proposed Structures to Shoreline (Closest Point)
- ☐ ***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:**



*****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 _____