



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: Commercial or Sensitive ? If yes, a Conditional Use Permit Application is required.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is the property located in a Residential 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 and subject to ordinance requirements regarding commercial use.

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 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? (Please attach copy) If No, your application will be returned.
<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 **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.

Copy of current Minnesota Department of Health Lodging License and other applicable licenses.

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**Technical Assistance**

Toll Free: 1-800-450-9777

Land Use Information

www.stlouiscountymn.gov/landuse**Duluth**

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

Virginia

Government Services Center
201 South 3rd Avenue West
Virginia, MN 55792
(218) 749-7103

Office Use Only

Receipt # _____

Receipt Date _____

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

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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 _____