Residential Use Class II - Short Term Rental														
	APPLICATION St. Louis County, Minnesota													
<b>About</b> : 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: <u>http://www.stlouiscountymn.gov/land-use</u>														
PROPERTY I	DENTIFIC		N NUM	BER (PI	N) PIN i	is found on your Prope	erty Tax s	Statement						
Primary PIN Structure/SSTS	-			-		Associated PIN		-		-				
Associated PIN	-			-		Associated PIN		-		-				
						iated PIN: Additional and kup: <u>http://apps.stlouisco</u>						ited to	o the proje	ect.
APPLICANT							r							
Applicant Name (	(Last, First)		I am a [	Permittee/C	perator 🗌	Homeowner 🗌 Other	Daytime # Date							
Applicant Addres	S						City	ity State ZIP						
Applicant Email							I				<u> </u>			
Contact Person						Contact Person #	-							
Mailing Address (	Where to Send	Permit)					City		State		ZIP	)		
Email Address (w	Email Address (Where to Email Permit)													
SITE INFORM	ATTON													
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.)														
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 - <b>\$370</b>														
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 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: Pla	nning and	Comm	unity C	Developm	ent De	partment								
,				Gov 1 201 Virg	<b>ginia</b> /ernment Services Cen L South 3 <sup>rd</sup> Avenue We ginia, MN 55792 8) 749-7103		Office Use Only Receipt # Receipt Date Payment Amount							

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								
🗌 Yes	🗌 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.						
🗌 Yes	Yes       Is the property located in a 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, is subject to ordinance requirements for proposed use and a Conditional Use Permit Application may be required.						
🗌 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 and subject to ordinance requirements regarding commercial use.						
How is t	he prope	rty currently being used?						
		ne proposed use. (List all structures included with the proposed use)						
DESCR	IPTION	I 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. <u>https://www.stlouiscountymn.gov/departments-a-z/assessor</u>								
TRAFFIC, PARKING, AND/OR DOCKAGE								
🗌 Yes	🗌 No	Will the proposal generate an increase in traffic? (Boat, snowmobile, truck, bus, car, etc.)						
If Yes, h	ow many	parking spaces are available on the property? (Please attach on-site parking plan)						

SIGNA	GE AND	LIGHTING						
🗌 Yes	🗌 No	Does your proposal include signage? (Include any off-site signs)						
If Yes, p	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, p	lease expl	ain:						
REQUIRED POSTINGS								
🗌 Yes	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, ple	ease expla	in:						
🗌 Yes	🗌 No	Have Aquatic Invasive Species (AIS) prevention guidelines been posted for watercraft use? (Please attach copy)						
If No, ple	ease expla	in:						
WASTE	WATER	TREATMENT						
Will wast		generated?						
□ Yes	🗌 No							
		of system will be used to handle wastewater treatment?						
Privat  Munic	e Septic S inal	ystem						
	, please e	xplain:						
SOLID WASTE Check all types of waste generated and describe how you will collect and store waste generated from the Short Term Rental below:								
	ehold Gart	page 🗌 Animal Waste 🗌 Other						
		-						
II Other,	If Other, please explain:							
Please de	escribe co	llection and disposal:						
SCREE	NING							
What typ	oe of visua	I screening will be used:						
From Ro	ads	From Adjacent Properties From Lakeshore (if applicable)						
U Vege	□ Vegetative □ Fence □ Other □ Vegetative □ Fence □ Other □ Vegetative □ Fence □ Other							
Please D	escribe:							

AUTHO	ORIZIN	GAGENCIES
🗌 Yes	🗌 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.
🗌 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.
ADDIT	IONAL	REQUIRED INFORMATION & ATTACHMENTS
1.	Electroni	c Map or Sketch:
	Boundar	/ lines with parcel dimensions.
	Existing	Buildings (see site sketch form for required information).
	between	d in a <b>RES</b> zone district, property lines shall be located by a licensed land surveyor <b>OR</b> a written agreement the adjoining property owners and the short term rental permittee/owner/operator may be submitted and filed Department.
2.	Documer	its:
	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.
	Minneso	a tax identification number and other applicable identification numbers.
	Proof of	appropriate liability insurance.
	On-site p	parking plan.
	Current	contact information for person(s) responsible for property management.
	Photo do	cumentation of visual demarcation of the property lines.
	Evidence	of ownership.
	Other inf	formation as deemed necessary by the Director.
CONTA	CT: Plan	ning 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 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**



# **EMERGENCY CONTACT INFORMATION**

Short Term Rental St. Louis County, Minnesota

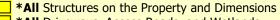
**About:** The permittee/owner/operator shall post within the rental unit the rules and regulations and emergency contact information for police, fire, hospital, septic tank pumper, and permittee/owner/operator.

APPLICANT					
Name					
		I	T	L	
Address		City	State	ZIP	
Email		1	1		
Contact Person	Contact Persor	1 <i>#</i>			
Contact Person Email	I				
PROPERTY MANAGEMENT/LOCAL CONTACT					
Name					
Address		City	ZIP		
Email			1		
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 #		1		

HOSPITAL						
Name						
Address			City		ZIP	
Contact #						
SEPTIC TANK PUMPER						
Name						
Address			City		ZIP	
Email						
Contact Person	Contact Persor	Contact Person #				
Contact Person Email						
<b>CONTACT:</b> Planning and Com	munity Development Department					
Toll Free: 1-800-450-9777Government Services CenterCLand Use Information320 West 2 <sup>nd</sup> Street, Suite 3012www.stlouiscountymn.gov/landuseDuluth, MN 55802N		<b>Virginia</b> Government Service 201 South 3 <sup>rd</sup> Avenu Virginia, MN 55792 (218) 749-7103	ue West	Receipt ; Receipt I	Jse Only # Date : Amount	

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

# Site Sketch Form The sketch is to graphically illustrate your proposed project(s) Draw and Label on Sketch (in feet) \*Distance of Existing/Proposed Structures to Shoreline (in feet)



- \*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 <u>Title</u>						

St. Louis County, Minnesota