Conditional Use	Permit	t (CUF	P) _		
(SAINT LOUIS) Residential Use Class II - S	hort Term	Rental	Permit #		
APPLICATION St. Louis Co.	unty, Minne	esota	Permit #		
About : This application is used to apply for a Short Term Rental and attachments in order to process. For more information, see o				ksheets, information	
PROPERTY IDENTIFICATION NUMBER (PIN) PIN IS	s found on your Prope	erty Tax Statement			
Primary PIN	Associated PIN	-	-		
Associated PIN	Associated PIN	-	-		
E.g. 123-1234-12345. Primary PIN: Parcel where Structure/SSTS are located. Associ County Land Explorer: https://gis.stlouiscountymn.gov/landexplorer/ Property Look					
APPLICANT		Day times #		Data	
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 I	be forwarded to 91	1/Communications t	to assign one.)	
If yes above, please list site address:					
☐ Yes ☐ No ☐ Is this leased property? If yes, leased from: ☐	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.				authorization form.	
How is the property accessed? ☐ Public Road ☐ Private Road ☐ Easer (If accessed by easement, easement documentation must be attached.)	ment 🗌 Water 🔲 Ot	ther			
TYPE OF APPLICATION	PLEA	SE MAKE CHECK	S TO: ST. LOUIS	S COUNTY AUDITOR	
☐ Conditional Use Permit: Short Term Rental - \$630	☐ Conditiona	l Use Permit Re	hearing: Short 1	Term Rental - \$200	
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 resulting permit or the subsequent location, construction adversaries repairs extension operation or maintenance of the subject matter of the application.					

CONTACT: Planning and Community Development Department

Technical AssistanceToll 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				



Residential Use Class II - Short Term Rental

WORKSHEET St. Louis County, Minnesota

PERMIT TYPE					
		Short Term Rental Permit (Requires Conditional Use Approval)			
SHORT TERM RENTAL					
☐ Yes	Is the property located in one of the following zone districts: Commercial or Sensitive ? If yes, a Conditional Use Permit Application is required.				
☐ Yes	☐ Yes ☐ No ☐ 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 th	ne propei	rty currently being used?			
Please de	escribe th	ne proposed use. (List all structures included with the proposed use)			
OCCUPANCY INFORMATION					
		Total # of bedrooms on the property			
		Total # of allowed guests			
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. https://www.stlouiscountymn.gov/departments-a-z/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)					

SIGNA	GE AND	LIGHTING		
☐ Yes	☐ No	Does your proposal include sign	gnage? (Include any off-site signs)	
If Yes, p	lease list r	number of signs, size, location,	and illumination of each sign:	
☐ Yes	☐ No		g security lighting) that may be visible from roads	s, waterways, and adjacent properties?
If Yes, p	lease expl	ain:		
REOUI	RED POS	STINGS		
•				
☐ Yes	☐ No		s and regulations and emergency contact informat r/operator been posted in a prominent location with	
If No, pl	ease expla	in:		
☐ Yes	☐ No	Have Aquatic Invasive Species	s (AIS) prevention guidelines been posted for water	ercraft use? (Please attach copy)
If No, pl	ease expla	in:		
WASTE	WATER	TREATMENT		
		generated?		
☐ Yes	□ No			
		of system will be used to handle	e wastewater treatment?	
	e Septic S	ystem		
	☐ Municipal ☐ Other, please explain:			
SOLID	WASTE	Check all types of waste generated and	describe how you will collect and store waste generated from t	the Short Term Rental below:
	ehold Garb		☐ Animal Waste	☐ Other
			☐ Allillai Waste	Outer
If Other,	please ex	plain:		
Please describe collection and disposal:				
SCREE	NING			
What typ	e of visua	I screening will be used:		
From Ro	ads		From Adjacent Properties	From Lakeshore (if applicable)
☐ Vege	tative 🗌	Fence Other	☐ Vegetative ☐ Fence ☐ Other	☐ Vegetative ☐ Fence ☐ Other
Please D	escribe:			

AUTHO	PRIZING	AGENCIES					
☐ 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.					
Have you received a Minnesota Tax Identification Number from the Minnesota Department of Revenue for Term Rental? (Please attach copy)				artment of Revenue for this Short			
		If No, your ap	plication will be returned.				
ADDIT	IONAL	REQUIRED 1	INFORMATION & ATTACH	MENTS			
1.	Electroni	c Map or Sketo	h:				
	Boundary	/ lines with par	cel dimensions.				
	Existing I	Buildings (see	site sketch form for required in	formation).			
	between	d in a RES zon the adjoining o the Departme	property owners and the short	be located by a licensed land sur term rental permittee/owner/ope	veyor OR a written agreement erator may be submitted and		
2.	Documen	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.						
	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.						
CONTA	CT: Planr	ning and Comn	nunity Development Departmen	t			
Toll Free: Land Use	1-800-450- Information uiscountymr	9777	Duluth Government Services Center 320 West 2 nd Street, Suite 301 Duluth, MN 55802 (218) 725-5000	Virginia Government Services Center 201 South 3 rd Avenue West Virginia, MN 55792 (218) 749-7103	Office Use Only Receipt # Receipt Date Payment Amount Paid By		

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		I	<u> </u>	
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 #	1	1	

HOSPITAL					
Name					
Address			City	ZIP	
Contact #					
SEPTIC TANK PUMPER					
Name					
Address			City	ZIP	
Email					
Contact Person		Contact Person #			
Contact Person Email		-			
CONTACT: Planning and Com	munity Development Department				
Technical Assistance	Duluth	Virginia	O	ffice Use Only	
Toll Free: 1-800-450-9777 Land Use Information	320 West 2 nd Street, Suite 301 2 Duluth, MN 55802 V	Government Service 201 South 3 rd Avenu	s Center R	eceipt #	
www.stlouiscountymn.gov/landuse		Virginia, MN 55792		eceipt Date	
	(218) 725-5000	(218) 749-7103	Payment	ayment Amount	
			P	aid Bv	

Site Sketch Form The sketch is to graphically illustrate your proposed project(s)						
Praw 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	l information indicated above.					
*Applicant Name: *Site Address: *PIN:						
W—E						
Š						
	ary Authority Use Only***					
Sanitary Review: (To be determined by appropriate sanitary Will the proposal, as shown above, negatively impact the SST Sign off: Signature						