



CITY OF CHELAN
DEPARTMENT OF COMMUNITY
DEVELOPMENT

135 E JOHNSON AVENUE, PO BOX 1669, CHELAN, WA 98816
TELEPHONE: (509) 682-8017 FAX: (509) 682-8050

License No.

**ANNUAL SHORT-TERM RENTAL
OPERATORS LICENSE APPLICATION**

Applicant Information

Owner's Name: _____ **Date** _____

Company Name: _____ *New applications due Nov. 1*

Physical Address: _____ *Renewals due Dec. 1*

_____ Phone: _____

City: _____ State: _____ Zip: _____ Evening Phone: _____

E-mail: _____

Mailing address if different from above: _____

City: _____ State: _____ Zip: _____

Other Property Owner(s) Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone: _____

E-mail: _____ Evening Phone: _____

Short Term Rental Property Information:

Short Term Rental Name (Listing/Advertising Name): _____

Chelan Business License #: _____ **Washington State**

UBI#: _____

Parcel Number (APN): _____

City Property Address: _____ Lot Size: (Acres) _____

_____ Chelan, WA

Mailing Address if different: _____

City: _____ State: _____ Zip: _____

Management (Agent) Information if different than owner

Management Agency (if applicable):

Physical Address:

City/State:

Zip:

Phone Number:

Email:

Responsible Person (Owner's Representative or Agency's responsible official within 30 min.)

Owner's Representative Name:

Mailing Address:

City/State/Zip:

E-mail:

Daytime Phone:

Evening Phone:

Site Information

Does your property have any other land use permit (Shoreline Permit, Conditional Use, Variance)

Yes / No

If yes, please mark any that apply and list permit number if you have it.

Shoreline: Permit/Variance/CUP #:

Conditional Use #:

Variance #:

Planned Development #:

Detailed Structure Description: Please provide a description of the entire structure along with the portion being used as a short-term rental. (examples: single family home with an upstairs studio apartment to be rented for overnight rental, entire 3-bedroom home to be rented whole, 2-bedroom condominium).

Check any that apply to your Short-Term Rental Property:

Single-family dwelling

Condominium

Mixed-use (commercial/residential)

Manufactured home

Fractional share unit

Multi-family unit (duplex, tri-plex, +)

ADU (ADUs are not permitted for STR unless as part of development agreement)

Fee Structure

New License Fee: \$250

Amount Paid _____ Date _____ Receipt no. _____

Overnight Rental Information and occupancy

Rental Bathrooms:

Rental Beds:

Occupancy = 2 adults x double occupancy bed (+ up to 4 children 6 years in age or older) Total Occupancy

The rental unit contains a

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Outdoor private space/patio or balcony |
| <input type="checkbox"/> Kitchenette | <input type="checkbox"/> Fenced area for pets |
| <input type="checkbox"/> Fireplace | |

Sanitation and Disposal:

- Sewer Septic Solid waste: *present receipt of City Sanitation receipt or account number*
 Provide copy of septic permit approval, if applicable

I hereby certify the following:

- I will pay all license fees as required by law.
- I have a current Washington State Business License and City of Chelan business license.
- I have sent notice of my intent to operate a nightly rental to my neighbors within 250' of my property.
- I have read the Good Neighbor Guidelines and will make them available to my guests.
- I have completed the self-certification checklist to the best of my ability.
- I have no outstanding Chelan Municipal Code violations, fees or penalties.
- I have adequate liability insurance (\$1 million) for short-term rental coverage of my property.
- I understand my business is subject to all local and state excise sales and B & O taxes that apply, including hotel/motel excise taxes, payable by me or my agent and is registered with the DOR as such.
- I also hereby certify under penalty of perjury under the laws of the State of Washington that the above answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Print Owner/Applicant Name: _____

Place Where Signed: _____, WA

Internal Review Only

- Complete application
- Land use zoning compliant
- Site plan complete
- Parking adequate
- Code violations or complaints / Case # _____
- Signatures and date

Health and Safety Inspection

Inspected by:

Date:

Conditions of approvals:

Signature: _____ Date: _____

SITE PLAN/BUILDING/PARKING PLAN CHECKLIST

Use the accompanying page or submit as an attachment.

- Sketch of site plan and building. Previous building plans may be submitted or amended to.
Must be drawn to scale, not to exceed 1"=20'. Indicate the scale used.
 - Label the square footage of each room and of the total structure
 - Label property line locations and dimensions. Identify the distance between property lines and buildings
 - Label name or number of all streets and alleys adjacent to the site.
 - Label the location, size, and use of all building(s) on site.
 - Identify and label the location of ON-SITE parking for rental guests (1 space/2 bedrooms required). Parking must be within front and side yard setbacks and a minimum of 9 x 20 ft. Driveway parking spaces are exempt from the front and side yard setback.
 - Building Plan: Submit a scaled drawing of your existing structure clearly labeling the following where applicable:
 - Identify the spaces in your structure to be used as a short-term rental unit and label the square footage
 - Identify and label short term rental entrance if different from primary residence
 - All doors and windows
 - Label location of all vertical or horizontal occupancy separations and /or area separation walls (if any).
 - Label location of any fire extinguishers, fans, vents, smoke detectors, fire alarm, or sprinkler system locations
 - Dark Sky Ordinance: Label any outdoor lighting fixtures and any accent lighting, ensuring aiming of lights downward onto the ground surface.
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