

Renewals Due By December 1st.



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

Existing Short-Term
Rental License No.

STR-

**ANNUAL SHORT-TERM RENTAL
OPERATORS LICENSE RENEWAL
OR OWNERSHIP CHANGE
APPLICATION**

Applicant Information

Owner's Name: _____ **Ownership Change - \$12**
Company Name: _____ **Date** _____
Physical Address: _____

City _____ **State** _____ **Zip** _____ **Phone:** _____
E-mail: _____ **Evening Phone:** _____
Mailing address if different from above: _____

City _____ **State** _____ **Zip** _____

Short Term Rental Property Information:

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

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

Parcel Number (APN): _____
Rental Property Address: _____

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. of vacation unit)

Owner's Representative Name: _____
Mailing Address: _____
City/State/Zip: _____
E-mail: _____
Daytime Phone: _____
Evening Phone: _____

Fee Structure

Renewal License Fee: \$250 Per Unit (Due by December 1st)
Ownership Change: \$12

Amount Paid _____ Date _____ Received By: _____

SHORT TERM RENTAL OPERATING LICENSE SELF-CERTIFICATION CHECKLIST

The purpose of this form is to provide short-term rental property owners a guide when inspecting their properties to ensure compliance with the standards set forth in City of Chelan Short Term Rental Operating License, CMC Chapter 5.15.

Multi-use buildings

- For multi-use buildings with commercial and residential uses, please consult with building official before continuing with checklist.

Life Safety

- House numbers are installed and clearly visible from the street or common areas.
- Exit stairs are in good repair and have proper landings and handrails/guardrails. Handrails required on all stairways at least one side.
- Stairway width shall be minimum 36", and rise (7 3/4" max)/run (10" min) are sufficient.
- Door locks are present and operative.
- Window locks are present and operative.
- Windows in bedrooms must be present and have 5 sqft opening.
- Porch, deck, or balcony are in good repair and have guardrails.
- Exit/egress doors must be 32 inches in width, 78 inches height and hinged.
- All sleeping rooms must be a minimum of 70 sqft and have a minimum wall length of 7'.

Exit(s)

- Exterior doors and/or door framework are in good repair.
- Exit windows from sleeping rooms are provided and sufficient in area or dimension.
- Exiting is sufficient in number, width, or access for the occupant load served.

Fire

- Operative smoke detectors and CO monitors in all sleeping rooms, outside of sleeping areas, and on each floor of dwelling.
- Fire extinguishers in cooking areas present and clearly labelled
- Appropriate storage, and lack of building clutter or other fire hazards.

Electrical

- Every habitable room contains at least two electrical outlets or one outlet and one light fixture.
- All electrical equipment, wiring, and appliances have been installed and are maintained in a safe manner.
- Ground fault circuit interrupters are installed in the bathrooms and kitchens.
- Light fixtures, receptacles or switches are in working order.

Plumbing, Heating, Ventilation, and Sanitation

- Dwelling equipped with bathroom facilities consisting of a toilet, sink, and either a bathtub or shower and in sanitary condition.
- Dwelling equipped with kitchen facilities consisting of a stove, refrigerator, and sink.
- All plumbing fixtures connected to the sanitary sewer system and equipped with proper "P" traps.
- All plumbing fixtures connected to an approved water supply and provided with hot and cold water necessary for their normal operation.
- Dwelling is equipped with operable heating..
- Any solid fuel burning appliances are installed per applicable codes and maintained in safe working condition and properly ventilated.
- Dwelling has ventilation in all rooms
- Temperature/pressure relief valve present on water heater.
- Adequate and operative heating or mechanical equipment.
- Dwelling is equipped with heating facilities in operating condition.
- No signs of mold or mildew on wall surfaces.
- No signs of infestation from rodents or insects.
- Dwelling is equipped with adequate garbage and rubbish storage.

Structural

- Dwelling has no sags, splits or buckling of ceilings, roofs, ceiling or roof supports or other horizontal members due to defective material or deterioration.
- No split, lean, list, or buckle of dwelling walls, partitions, or other vertical supports due to defective material or deterioration.
- Fireplaces and chimneys are not listing, bulging, or cracking due to defective material or deterioration.
- No evidence of decay or damage to exterior stairs or decks.

Weather Protection

- Dwelling has no broken windows or doors.
- No broken, rotted, split, buckled of exterior wall or roof coverings that affect the protection of the structural elements behind them.

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: _____