

Accessory Vacation Dwelling Unit Limited Worksheet

1. The minimum rental period shall be not less than two consecutive nights. **What will be your minimum rental period?**

_____ nights

2. The total number of persons that may occupy the vacation dwelling unit is one person plus the number of bedrooms multiplied by two.

You may rent no more than four bedrooms.

How many legal bedrooms are in the dwelling?

What will be your maximum occupancy?

3. Off-street parking shall be provided at the following rate:

a. 1-2 bedroom unit, 1 space

b. 3 bedroom unit, 2 spaces

c. 4+ bedroom unit, number of spaces equal to the number of bedrooms minus one.

d. Vacation dwelling units licensed on May 15, 2016, are entitled to continue operating under the former off-street parking requirement. The parking exemption for vacation dwelling units licensed on May 15, 2016, expires upon transfer of any ownership interest in the permitted property.

e. Form districts are not required to provide parking spaces.

How many off-street parking spaces will your unit provide? _____

4. Only one motorhome (or pickup-mounted camper) and/or one trailer either for inhabiting or for transporting recreational vehicles (ATVs, boat, personal watercraft, snowmobiles, etc.) may be parked at the site, on or off the street. **Will you allow motorhome or trailer parking? If so, where?** _____

5. The property owner must provide required documents and adhere to additional requirements listed in the City of Duluth's UDC Application Manual related to the keeping of a guest record, designating and disclosing a local contact, property use rules, taxation, and permit violation procedures.

6. The property owner must provide a site plan, drawn to scale, showing parking and driveways, all structures and outdoor recreational areas that guests will be allowed to use, including, but not limited to, deck/patio, barbeque grill, recreational fire, pool, hot tub, or sauna, and provide detail concerning the provision of any dense urban screen that may be required to buffer these areas from adjoining properties. Please note that this must be on 8 x 11 size paper.

7. The accessory vacation dwelling unit, limited permit shall expire upon change in ownership of the property or in one year from issuance date, whichever occurs first.

8. Permit holder must keep a guest record including the name, address, phone number, and vehicle (and trailer) license plate information for all guests and must provide a report to the City upon 48 hours' notice. **Please explain how and where you will keep your guest record (log book, excel spreadsheet, etc):**

9. Permit holder must designate a managing agent or local contact who resides within 25 miles of the City and who has authority to act for the owner in responding 24-hours-a-day to any complaints from neighbors or the City. The permit holder must notify the Land Use Supervisor within 10 days of a change in the managing agent or local contact's contact information. **Please provide the name and contact information for your local contact:**

10. Permit holder must disclose in writing to their guests the following rules and regulations:

- a. The managing agent or local contact's name, address, and phone number;
- b. The maximum number of guests allowed at the property;
- c. The maximum number of vehicles, recreational vehicles, and trailers allowed at the property and where they are to be parked;
- d. Property rules related to use of exterior features of the property, such as decks, patios, grills, recreational fires, pools, hot tubs, saunas and other outdoor recreational facilities;
- e. Applicable sections of City ordinances governing noise, parks, parking and pets;

Please state where and how this information will be provided to your guests:

11. Permit holder must post their permit number on all print, poster or web advertisements. **Do you agree to include the permit number on all advertisements?** _____

12. **Prior to rental**, permit holder must provide the name, address, and phone number for the managing agent or local contact to all property owners within 100' of the property boundary; submit a copy of this letter to the Planning and Community Development office. In addition, note that permit holder must notify neighboring properties within 10 days of a change in the managing agent or local contact's contact information.

Additional Contacts

Other contacts that may be needed for your vacation dwelling unit:

- 1.) City of Duluth Construction Services and Inspections, for a **Change of Use Permit** and/or **Building Permit**, and an **Inspection**: <https://duluthmn.gov/csi/> or 218-730-5240.
- 2.) State Department of Health, for a **Lodging License**: Sara Bents, 218-302-6184, or <https://www.health.state.mn.us/>
- 3.) State **Tax Identification Numbers** can be obtained by calling 651-282-5225 or visiting <https://www.revenue.state.mn.us>
- 4.) Make sure you sign up for **City of Duluth Tourism Tax** by contacting the City Treasurers office at 218-730-5350 or www.duluthmn.gov/finance/tourism-taxes/ .

AFFIDAVIT

Date: _____

Purpose: Verification of Eligibility for Accessory Vacation Dwelling Unit, Limited

Address: _____ Parcel ID#: _____

(PRINT FULL NAME) _____ personally came and appeared before me, the undersigned Notary, the within named (PRINT FULL NAME) _____ who is the owner and occupant of the above address makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

- I am currently the whole or partial owner of the above listed address and I reside at the address and will abide by the requirements for owner occupancy of the property being used for an Accessory Vacation Dwelling Unit, Limited, as listed in UDC Sec. 50-20.5.N.
- I testify that this property will only be rented for periods of 2 to 7 nights, and for no more than a total of 21 nights in a calendar year, which will be the following 21 nights:

Dates Unit Will Be Rented						
1.	2.	3.	4.	5.	6.	7.
8.	9.	10.	11.	12.	13.	14.
15.	16.	17.	18.	19.	20.	21.

(Note: You may ONLY advertise for the dates listed above)

Dated this _____ day of _____, 20__

Signature of Affidavit Petitioner: _____

Sworn to subscribed before me, this _____ day of _____, 20__

Signature of Notary Public: _____



Life Safety Division • City of Duluth Fire Department

615 West First Street • Duluth, MN 55802

Phone: 218-730-4380 • Fax: 218-730-5902

Email: lifesafety@duluthmn.gov • Website: www.duluthmn.gov/fire/

Request Inspection Application- Vacation Rental - \$100.00 fee

Property Address:

Type of Property:

Single Family Duplex Multi-Dwelling: specify # of units: _____

Applicant Information:

Name(s): _____

Address: _____

Preferred Phone: _____ Alternate Phone: _____

Email Address: _____

Agent/Representative Information (if different than above):

Name(s): _____

Address: _____

Preferred Phone: _____ Alternate Phone: _____

Email Address: _____

Property Owner Signature: _____ Date: _____

Property Owner Name (Printed) : _____