### 3.19 Checklist

### **Accessory Vacation Dwelling Unit, Limited Permit**

An accessory vacation dwelling unit, limited permit applies when a homeowner of an owner-occupied property would like to have a short-term rental of that property for a limited number of nights a year. Properties can be rented for periods of 2 to 7 nights, for a maximum of 21 nights a year. This process does not allow use for other short-term rentals, including vacation dwelling units and accessory vacation dwelling units, which require an Interim Use Permit.

### **Starting the Application Process**

Review information on the Short-Term Rental web site, including information about building code information and Frequently Asked Questions.

### **Your Application**

Submit your application materials.

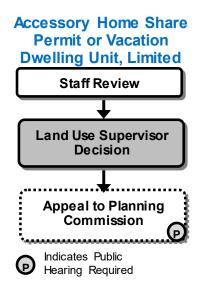
- Visit <u>www.duluthmn.gov/eplace</u> to submit your application.
- Click on "Apply" and search for your application type. (You will need to sign in to the system, or create a new account if you do not already have one.)
- Follow the prompts to fill in information. Required information is indicated with an asterisk.
- On the attachments page, upload the following:
  - A site plan, drawn to scale, that shows lot lines, all structures on a lot, location of parking spaces, any outdoor spaces to be used, and any buffering from adjacent properties (such as vegetation or fencing)
  - A floor plan of the dwelling unit identifying which room(s) will be rented
  - ☐ Vacation Dwelling Unit Limited Worksheet
  - Signed affidavit for verification of owner occupancy during guest rental
  - Homestead Affidavit Letter, from St Louis County Assessor's office
  - Life Safety Request Inspection Application and inspection fee. If renewal, submit directly to Life Safety Division. Life Safety's Operational Permits need to be renewed every 3 years.
- After your application is complete, click "Add to Cart" for the fee listed, and pay the fee. Applications without a fee will not be reviewed or accepted.

### **After Submitting Your Application**

Construction Services will review your application and contact you when the permit is approved.

You may need to obtain other licenses and permits from other State and City offices. Please see the Frequently Asked Questions for details.

Note that other City codes may apply to your project. Please be aware of any applicable Building Code (Construction Services Division), Fire Code (Life Safety Division), and stormwater/engineering (Engineering Division) regulations. The zoning approval may be only the first step in a several step process.



## **Accessory Vacation Dwelling Unit Limited Worksheet**

| The minimum rental period shall be not less than tw     nights                | o consecutive nights. What will be your minimum rental period?                             |
|---|--|
| 2. The total number of persons that may occupy the va                         | cation 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                                 | 5, 2016, are entitled to continue operating under the former off-street parking            |
| requirement. The parking exemption for vaca                                   | ation 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 ${\mbox{\scriptsize I}}$        | parking spaces.  |
| How many off-street parking spaces will your unit pro                         | vide?  |
| (ATVs, boat, personal watercraft, snowmobiles, etc.) m parking? If so, where? | ay be parked at the site, on or off the street. <b>Will you allow motorhome or trailer</b> |
| 5. The property owner must provide required documer                           | nts and adhere to additional requirements listed in the City of Duluth's UDC               |
| Application Manual related to the keeping of a guest re                       | ecord, 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           |
|   | not limited to, deck/patio, barbeque grill, recreational fire, pool, hot tub, or sauna,    |
| and provide detail concerning the provision of any den                        | se 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.  |  |
|   | e name, address, phone number, and vehicle (and trailer) license plate information         |
|   | n 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 <a href="https://www.health.state.mn.us/">https://www.health.state.mn.us/</a>
- 3.) State **Tax Identification Numbers** can be obtained by calling 651-282-5225 or visiting <a href="https://www.revenue.state.mn.us">https://www.revenue.state.mn.us</a>
- 4.) Make sure you sign up for **City of Duluth Tourism Tax** by contacting the City Treasurers office at 218-730-5350 or <a href="https://www.duluthmn.gov/finance/tourism-taxes/">www.duluthmn.gov/finance/tourism-taxes/</a>.

# **AFFIDAVIT**

| Date:  |                        |                                   |                 |                     |          |     |  |
|--|------------------------|-----------------------------------|-----------------|---------------------|----------|-----|--|
| Purpose: <u>V</u>  | erification of Eligi   | bility for Accessor               | ry Vacation Dwe | elling Unit, Limite | <u>d</u> |     |  |
| Address:   |                        |                                   | Parce           | el ID#:             |          | _   |  |
| 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  |                        |                                   |                 |                     |          |     |  |
|  | 2.                     | 3.                                | 4.              | 5.                  | 6.       | 7.  |  |
|  | 9.                     | 10.                               | 11.             | 12.                 | 13.      | 14. |  |
|  | 16.                    | 17.                               | 18.             | 19.                 | 20.      | 21. |  |
| Sig  | day nature of Affidavi | e: You may ONL  of  t Petitioner: | , 20            |                     |          |     |  |
| Sworn to su  | ubscribed 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: <u>lifesafety@duluthmn.gov</u> • Website: <u>www.duluthmn.gov/fire/</u>

# 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) :                                |