

Residential Use - Short Term Rental

WORKSHEET

Windemere Township, Minnesota

PERMIT TYPE

Short Term Vacation Rental Permit (Requires Conditional Use Approval)

SHORT TERM RENTAL

Yes

No

Is the property located in one of the following zone districts: **Commercial or Special Protection District**?
If yes, a Conditional Use Permit Application is required.

Yes

No

Is the property located in a **Residential or Rural Residential** zone district?
If yes, a Conditional Use Permit Application is required.

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

Is the property located on a lake designated as an Environmental Lake (Big Slough, Close, Dago, East Island, Johnson, Lord's, L'Named, Thirteen, Turtle, Willow)?
If yes, no Conditional Use Permit will be granted.

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 the property currently being used?

Please describe the proposed use. (List all structures included with the proposed use)

OCCUPANCY INFORMATION

Total # of bedrooms on the property

Total # of allowed guests

DESCRIPTION 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.**

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)

SIGNAGE AND LIGHTING

Yes No Does your proposal include signage? (Include any off-site signs)

If Yes, please list number of signs, size, location, and illumination of each sign:

Yes No Will there be lighting (including security lighting) that may be visible from roads, waterways, and adjacent properties?

If Yes, please explain:

REQUIRED POSTINGS

Yes No Have applicable licenses, rules and regulations and emergency contact information for police, fire, hospital, septic tank pumper, and permittee/owner/operator been posted in a prominent location within the rental unit? (Please attach copies)

If No, please explain:

Yes No Have Aquatic Invasive Species (AIS) prevention guidelines been posted for watercraft use? (Please attach copy)

If No, please explain:

WASTEWATER TREATMENT

Will wastewater be generated?

Yes No

If Yes, what type of system will be used to handle wastewater treatment?

Private Septic System

Municipal

Other, please explain:

SOLID WASTE *Check all types of waste generated and describe how you will collect and store waste generated from the Short Term Rental below:*

Household Garbage

Animal Waste

Other

If Other, please explain:

Please describe collection and disposal:

SCREENING

What type of visual screening will be used:

From Roads

Vegetative Fence Other

From Adjacent Properties

Vegetative Fence Other

From Lakeshore (if applicable)

Vegetative Fence Other

Please Describe:

AUTHORIZING AGENCIES

<input type="checkbox"/> Yes	<input type="checkbox"/> 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.
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<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you received a Minnesota Tax Identification Number from the Minnesota Department of Revenue for this Short Term Rental? (Please attach copy) If No, your application will be returned.
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ADDITIONAL REQUIRED INFORMATION & ATTACHMENTS

1. Electronic Map or Sketch:

Boundary lines with parcel dimensions.

Existing Buildings (see site sketch form for required information).

If located in a **RES** zone district, property lines shall be located by a licensed land surveyor.

2. Documents:

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.

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 Windemere Township Zoning Administrator.

CONTACT: WINDEMERE TOWNSHIP ZONING ADMINISTRATOR**Office Use Only**

Receipt # _____

Receipt Date _____

Payment Amount _____

Paid By _____

Sanitary Review: (To be determined by appropriate sanitary authority.)

Will the proposal, as shown above, negatively impact the SSTS/sanitary line or replacement area? Yes No

Sign off:

Signature _____ Title _____