

DAGGETT COUNTY
APPLICATION FOR CONDITIONAL USE PERMIT FOR THE SHORT TERM RENTAL OF RESIDENTIAL
PROPERTY

Property Owner Information

Owner Name(s): _____

Mailing Address: _____

City, State, Zip: _____

Cell Phone: _____ Home Phone: _____

Email Address: _____

Type of Ownership: Individual(s) Business Type: _____ Other: _____

Business License #: _____

Type of Rental Management:

Owner Manages Only Rental Agent & Owner Manages Rental Agent Manage Only

Rental Property

Rental Property Address: _____

House Living Area (Approx. Sq. Footage) _____ Number of Bedrooms _____

Maximum Number of Overnight Occupants: _____

Number of On-Site Parking Places _____

Hot Tub: (No) (Yes)

Emergency 24 Hour Contact:

Name: _____ Cell Phone# _____

Alternate Phone #: _____

DAGGETT COUNTY
SHORT TERM RENTAL DOCUMENTATION

The following information and documentation shall be contained in the application and provided to the Planning & Zoning Secretary:

- A. _____ Completed Application signed by the Owner(s).
- B. _____ Proof of Ownership of rental property
- C. _____ Site Plan, including parking area
- D. _____ Proof of valid insurance for rental property
- E. _____ Floor plan drawn to scale with dimensions.
- F. _____ Zone designation and street address for rental property
- G. _____ If direct vehicular access from the Property to a public street is not shown on the Site Plan, the Application must include a Temporary Access Easement from the owners of each property over which vehicles must pass to access the Property. All Temporary Access Easements shall be signed and notarized by the owner or owners of the property or properties granting the Temporary Access Easements. Upon the termination of any Temporary Access Easement, it shall be the responsibility of the Owner to obtain a new Temporary Access Easement from the new property owner. Failure to obtain a replacement Temporary Access Easement shall be cause for termination of the License.
- H. _____ Copies of currently valid County Sales Tax collection and accounting numbers in the name of the Owner.
- I. _____ The name, address, and contact information including a 24-hour contact phone number for the person managing the Property.
- J. _____ Inspection by a Building Inspector and the Flaming Gorge District Fire Chief.
- K. _____ Approval from Tri County Health of wastewater system and water supply for property, if applicable.
- L. _____ A signed acknowledgement on the application, that the Owner (s) have read all of the County's regulations pertaining to the operation of a Short Term Rental.
- M. _____ The Owner shall sign the application certifying the accuracy of the information submitted and agreeing to comply with all regulations.

As the Owner (s) for the above listed properties I understand that I am responsible for:

- 1) The Owner, or other agent of Owner shall:
 - a. Mail or provide directly to the party signing any rental agreement or reserving the Property a copy of all Short Term Rental rules and regulations as soon as possible, but no later than 10 days after reserving the Property; and
 - b. Display on the Property, all of the rules and regulations pertaining to Short Term Rentals
 - c. Collect Appropriate Sales and Transient Rental Taxes
- 2) Each Short Term Rental shall have a legible notice within the rental property containing the following information:
 - a. The name of the Owner of the Property and the name of the emergency contact persons telephone number
 - b. The maximum number of occupants permitted by the license
 - c. The maximum number of vehicles permitted on the property and that all vehicles must be parked on the Property;
 - d. The number and location of all on-site parking spaces and the parking rules for seasonal snow removal;
 - e. The trash pick-up day and notification of all rules and regulations regarding trash removal.
- 3) The Owner or other agent of the Owner shall agree to provide for adequate maintenance of the short-term rental property. The minimum services required include:
 - a. Structural maintenance to preserve substantial code compliance as described herein.
 - b. Routine upkeep, including painting and repair to a level that is consistent with the level of maintenance of adjoining or nearby properties.
 - c. Trash collection which ensures that trash containers are not left at the curb for any period in excess of twenty-four (24) hours and the property must be kept free of the accumulated garbage and refuse.
- 4) I further understand that the following are prohibited activities for short term rentals, as defined by the Short Term Rental Ordinance:
 - a. Occupancy beyond the specified amount in the License.
 - b. Any unauthorized commercial activities
 - c. The preparation of any food on site for persons other than the allowed occupants and the allowed guests. No sale of alcohol on the premises.

I certify that, to the best of my knowledge, all information contained herein is accurate and that I have read and am familiar with the Short Term Rental Ordinance, Title 8 Chapter 15 of The Daggett County Code, and that I will conform to all the requirements therein. I also certify that this rental house complies with all applicable health, safety, fire and related public safety requirements. I further acknowledge that I understand that it is my responsibility to contact the Daggett County Planning & Zoning Department for any changes that might affect the information on this application.

Incomplete applications will not be accepted.

Signature of Property Owner (s)

Date

Signature of Property Owner(s)

Date

Signature of Emergency Contact Person

Date

Application fee: \$300 / **Renewal \$100**
Safety Inspection Fee: \$202 plus \$100 for each additional inspection required
Fire Inspection: \$100 (Paid to Flaming Gorge Fire District) Letter Received yes no
Tri County Health At Cost (Paid to Tri County Health) Letter Received yes no

Return to:
Daggett County
ATTN: Planning and Zoning
P.O. Box 387
Manila, UT 84046

NEXT PAGE – OFFICE USE ONLY*****

OFFICE USE ONLY

SHORT TERM RENTAL PERMIT: _____Approved _____Denied

Date: _____

Notes/Special Conditions:

Attest: _____ Clerk

Fee Paid: _____Yes _____No