



COMMUNITY DEVELOPMENT AGENCY  
PLANNING DIVISION

## Short Term Rental License Application

To be completed by Planning Division staff:

Date Received: \_\_\_\_\_ Project ID: \_\_\_\_\_ Received By: \_\_\_\_\_

### Short Term Rental (STR) License Application Process

STR owners or their agents must apply for the STR license by submitting this application form, associated license materials, and fee to the Community Development Agency's Planning Division.

**New STR License Application flat fee \$600:** This applies to new STRs and existing STRs with a business license and TOT certificate where the dwelling is not lived in as the primary dwelling for at least six months each year (Non-hosted STR).

**New Primary Home STR License Application flat fee \$300:** This applies to new and existing STRs with a business license and TOT Certificate where a person lives for at least six months each year (Hosted STR).

This application and application fee can be submitted online through the Planning Portal.

### STR Information

Transit Occupancy Tax (TOT) Certificate Number (existing STRs only): \_\_\_\_\_

Property Address: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Zoning District: \_\_\_\_\_

## Property Owner Information

Name\*: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*Owner information must match what is listed on the current tax roll. To the extent that any such owner is a legal entity, any and all natural persons with an interest in such legal entity must be provided. The list of natural persons can be provided as an attachment to this application.**

## Applicant Information

Check if same as Property Owner: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Local Contact Person or Host

Check if same as Property Owner: \_\_\_\_\_

Check if same as Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

24-Hour Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

## STR License Information

|                                                                                                                                                                                                                                 |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| Is the STR Hosted or Non-Hosted? A hosted STR is the owner's or host's primary residence, where the person lives for at least six months each year.                                                                             | Hosted     |
|                                                                                                                                                                                                                                 | Non-hosted |
| Is the STR in an Accessory Dwelling Unit?                                                                                                                                                                                       | Yes        |
|                                                                                                                                                                                                                                 | No         |
| Is the STR in a multi-family dwelling? A multi-family dwelling is defined as, a development where three or more dwelling units are located on a single property; a condominium unit is also considered a multi-family dwelling. | Yes        |
|                                                                                                                                                                                                                                 | No         |

|                                                        |                 |
|--------------------------------------------------------|-----------------|
| Number of bedrooms and bathrooms proposed for STR use. | Bedrooms _____  |
|                                                        | Bathrooms _____ |
| Number of onsite parking spaces.                       | _____           |
| Is the STR property served by a private well?          | Yes             |
|                                                        | No              |
| Is the STR property served by a private septic system? | Yes             |
|                                                        | No              |

### Submittal Requirements

By checking each box below, you indicate that the document(s) have been prepared and submitted for this application if required.

☐

**Application Fee:** Payment can be provided online through the Planning Portal.

☐

**Site Plan:** A schematic site plan showing property lines, all buildings on the site, the driveway, **and the location and dimensions of on-site parking spaces.**

☐

**Proof of Primary Residence:** If the STR is hosted (owner or host's primary residence), it shall be documented by signing below and with a tax document showing the unit utilizes the homeowner's tax exemption or, if the host is a long-term tenant, a copy of the lease agreement may be provided in place of the homeowner's tax exemption. In either case, at least two of the following documents must be submitted, showing both the permanent residents' name and address of the home being rented:

- Motor vehicle registration
- Driver's license
- Voter registration
- Utility bill

I, \_\_\_\_\_ (print owner or host name), hereby confirm that I live for at least six months each year at the real property identified in this application.

Owner/Host Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐

**Private Water System:** If the rental property is served by a private water well, provide proof of a water supply permit and water potability with a current bacteriological test completed within the previous 12 months.

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**Local Water Service:** If the STR property is served by a local water provider, provide water use bills or some other documentation from the water provider if volume-based bills are not available.

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- ☐ **Private Septic System:** If the STR property is served by a private septic system, provide an inspection report demonstrating proper operation of the system by an approved licensed professional completed within the previous 12 months. Provide proof that the system is documented with the County's Environmental Health Service (EHS).
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- ☐ **Waste Collection:** Bills from a hauler as proof of a minimum level of service with an authorized waste collector that is sufficient to handle the volume of garbage, recyclable materials and organic materials generated or accumulated.
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- ☐ **STR Self-Certification:** STR Self-Certification Inspection Form. Including Building & Safety Inspection, Fire-Life Safety Inspection, and Defensible Space Inspection.
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## Certifications and Signatures

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The property involving this permit request may be subject to deed restrictions called Covenants, Conditions and Restrictions (CC&Rs) which may restrict the property's use and development. These deed restrictions are private agreements and are NOT enforced by the County of Marin. Consequently, development standards specified in such deed restrictions are NOT considered by the County when granting licenses. I understand that it is my responsibility to determine if the property is subject to deed restrictions and if so, to contact the appropriate homeowner's association. Following this procedure will minimize the potential for disagreement among neighbors and possible litigation.

I hereby authorize employees, agents, and/or consultants of the County of Marin to enter upon the subject property upon reasonable notice, as necessary, to inspect the premises and process this application.

I hereby certify that I have read this application form and that to the best of my knowledge, the information in this application form and all the related exhibits submitted with it are complete and accurate. I understand that any misstatement or omission of the requested information or of any information subsequently requested shall be grounds for rejecting the application, deeming the application incomplete, denying the application, suspending or revoking a license issued on the basis of these or subsequent representations, or for the seeking of such other and further relief as may seem proper to the County of Marin.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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Signature of Property Owner

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Print Property Owner Name

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Date of Signature

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Signature of Applicant  
(if different from owner)

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Print Applicant Name

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Date of Signature