



## CITY OF CAPITOLA

### TRANSIENT RENTAL USE PERMIT APPLICATION

#### SUBMITTAL REQUIREMENTS

1. Complete Master Application.
2. Submit a letter describing the rental use.
3. Submit a copy of rental agreement between property owner and guests.

Transient Rental Uses, as defined in Section 17.03.686, on properties located within the TRO Transient Rental Overlay District, are subject to the following minimum standard conditions, and any additional conditions, as determined by the Planning Commission:

#### **“Standard Conditions of Approval”**

1. Permits issued under this application shall expire within one (1) year.
2. No permit holder shall have a vested right to a renewal permit.
3. The maximum number of persons that may occupy the unit shall be determined by the Planning Commission and may not be exceeded.
4. Adequate parking (as determined by the Planning Commission), whether on site or in Pacific Cove Parking Lot, must be provided.
5. The Transient Rental Use permit holder must designate a person who, in the Landlord’s absence, has authority to control the property and represent the Landlord. This Responsible Person must be available at all reasonable times to receive and act on complaints about the activities of the tenants.
6. A Transient Occupancy Tax registration must be obtained. Transient rental occupancy tax shall be collected in an amount specified by the City and remitted to the City in a timely manner as required by the City.
7. Only one (1) sign per unit, not to exceed one (1) square foot in size, shall be permitted to advertise the transient rental.
8. No unit may be rented unless the renter is provided, in writing, with a statement of the conditions which are applicable to the renter and his or her guests, and the renter agrees, in writing, to comply with those conditions.

9. If there is a history of the permit holder or his/her tenants violating the permit's conditions, the permit shall not be reissued for at least one year following its expiration date, unless good cause is shown. The Planning Commission may establish a longer period before which another application may be filed.
10. The Use shall be reviewed by the Planning Commission upon written complaint filed with the Planning Department.



**TRANSIENT RENTAL USE PERMIT APPLICATION**  
**PLEASE COMPLETE THE FOLLOWING QUESTIONS**

1. Project Address: \_\_\_\_\_
2. Number of off-street parking spaces: \_\_\_\_\_
3. Total Number of rooms in the dwelling: \_\_\_\_\_
4. Total number of bedrooms in dwelling: \_\_\_\_\_
5. Total square footage of dwelling: \_\_\_\_\_
6. Proposed number of persons to occupy the dwelling at one time, including children: \_\_\_\_\_
7. Name of responsible person: \_\_\_\_\_
8. Is the responsible person over the age of eighteen? \_\_\_\_\_

**THE APPLICANT IS RESPONSIBLE FOR THE TRUTH OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. THE APPLICATION SHOULD NOT BE SIGNED UNLESS THE APPLICANT HAS READ IT THOROUGHLY AND IS SURE OF ITS TRUTHFULNESS.**

“The undersigned **APPLICANT** is a person (such as an owner, lessee, optionee) who has, or is intending to acquire the property rights necessary to be the leasor of the subject property if it is rented as a transient rental unit. I believe this application contains all the information required by the City of Capitola for a Transient Rental Conditional Use Permit. I hereby state that the foregoing statements and all the data, information, and the evidence submitted herewith are, in all respects, to the best of my knowledge and belief, true and correct and I understand that if the application contains erroneous information, regardless of whether or not the error was intentional, the permit may be revoked at any time. I agree to comply with and perform all conditions for the permit in the event that it is granted and I undertake the activity thereby permitted. I will promptly provide to the responsible person access to, or copies of all transient rental leases. I have reviewed this application myself and I am aware of its contents.”

APPLICANT (LANDLORD) SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBERS: (DAY) \_\_\_\_\_  
(EVENING) \_\_\_\_\_

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**TRANSIENT RENTAL RESPONSIBLE PERSON STATEMENT**

**Responsible Person: “The Applicant/Landlord has provided written authorization for me to represent the applicant in dealing with tenants in his/her absence. I have accepted that responsibility. I have reviewed and understand the above “STANDARD CONDITIONS.” I understand that other conditions controlling the transient rental use may be added if and when the City approves the application.”**

RESPONSIBLE PERSON SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RESPONSIBLE PERSON: \_\_\_\_\_

Please print

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBERS: (Day) \_\_\_\_\_

(Evening) \_\_\_\_\_