



**City of Whitefish
 Planning Department**
 PO Box 158
 510 Railway Street
 Whitefish, MT 59937
 Phone:
 406-863-2410

SHORT TERM RENTAL PERMIT APPLICATION

FEE ATTACHED: _____ (see current fee schedule)

I (we), the undersigned, hereby make application to conduct a residential short-term rental (30 days or less) in the Whitefish Planning jurisdiction consistent with Section 11-3-35, Short Term Rental Standards:

Property Owner Name:	Phone:
Rental Physical Address:	Zoning District:
Owner Mailing Address:	
City, State, Zip:	
Email Address:	
Property Mgmt Co./Contact:	Phone:
Manager Mailing Address:	
Email Address:	

The following items must be submitted with the application:

- Sign-off from the Fire Marshal that indicates the dwelling meets safety standards including being hard wired with battery backup smoke detectors and having proper egress for each bedroom. 406-863-2481 (sign off on back page of this application)*
- A "to scale" site plan showing lot, residence and accessory buildings, adjacent streets, and the location of required 9' x 20' off-street parking spaces.*
- Proof of State of Montana Public Accommodation License for a Tourist Home administered by the Flathead City-County Health Department and subject to annual inspections. For more information: 406-751-8130 or <http://flatheadhealth.org/environmental-health/public-accomodations/> click on 'Plan Review Application'*
- City of Whitefish Business License Application with fee (or copy of receipt)*
- Name and phone number of local contact person if owner is not a full-time resident of the Flathead Valley.*

Local Contact Name: _____ Phone Number: _____

I understand the following criteria apply to my business (initial next to each standard that is met):

- _____ The dwelling in question must conform to the land use provisions of Title 11, Zoning, and other applicable regulations.
- _____ Units rented shall not exceed the allowable dwelling unit density of the underlying zoning district. A unit is defined as rentable, lockable space within a building containing a kitchen or kitchenette and a bathroom.
- _____ Each unit shall meet the standards for off-street parking found in Section 11-6 of the zoning regulations. With the exception of the WB-3 zone, that standard is two parking spaces per unit.

- _____ The owner's (or local contact, if absentee) local contact name and phone number shall be posted on an emergency contact notice visible outside the front door of each unit.
- _____ The owner shall keep the property and buildings maintained and continue to provide trash collection services.
- _____ Exterior signage advertising the short term rental of properties is not permitted.
- _____ The property owner shall understand that a violation of any of these conditions as well as repeated complaints of *disturbing the peace* related to this property may result in suspension and possible revocation of the business license and short term rental permit, as well as possible enforcement action.

I agree to operate the short term rental in full compliance with Whitefish zoning regulations, Resort Tax requirements, and Section 11-3-35, Short Term Rentals. I further certify the information given is correct to the best of my knowledge.

Property Owner Signature

Date

Check list: Complete Application Site Plan Attached Property Owner Signature Business License Receipt

----- For City Staff Use Only -----

Filing Date: _____ Amount Paid: _____ Receipt #: _____

SECTION 11-3-35 MET: YES NO

Parking/Site Plan approved Yes _____ No _____ If no, reason: _____

Fire Marshal Inspection Pass _____ Fail _____ If fail, reason: _____

Fire Marshal Name/Title _____

Fire Marshal Signature _____ Date: _____

Short Term Rental Permit Disposition:

Approved _____ Denied _____ If denied, reason: _____

Reviewer: _____ Date: _____