

ATTACHMENT 10



COUNTY OF SANTA BARBARA

Planning and Development

www.sbcountyplanning.org

Short-Term Rental Supplement Application

Applicants must complete and submit this supplemental application along with an application for a Land Use Permit or Coastal Development Permit, for short term rentals. Short term rentals must comply with section 35-144S (Short-Term Rentals) of Article II or section 35.42.245 (Short-Term Rentals) of the Land Use and Development Code (as applicable).

The applicant must submit the following materials:

Rental Safety Certification

- Carbon monoxide detector installation and operation
- Smoke detector
- Emergency egress window
- Handrail
- Fire extinguisher

See the next page for instructions on how to demonstrate compliance with the rental safety certification criteria set forth above.

Floor Plan

- Show all rooms, drawn to scale, including windows and doors
- Label all rooms
- Label all rooms to be used for sleeping

Local Contact Person

- The name, address, and telephone number(s) of the local contact person
- Must be located within a 30 mile radius of the rental and be available 24 hours a day; may be the property owner, if within 30 miles and available 24 hours a day.

Copy of standards rental/lease agreement. Please indicate on the rental/lease agreement where the following information is stated:

- The maximum number of guests that are allowed
- The maximum number of vehicles that are allowed
- Information regarding limitations on noise (quiet hours between 10:00 p.m. and 8:00 a.m.)

South County Office
123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2000
Fax: (805) 568-2030

Energy Division
123 E. Anapamu Street
Santa Barbara, CA 93101
Phone: (805) 568-2000
Fax: (805) 568-2030

North County Office
624 W. Foster Road, Suite C
Santa Maria, CA 93455
Phone: (805) 934-6250
Fax: (805) 934-6258

RENTAL SAFETY CERTIFICATION

The following items require verification to assure the rental unit is equipped and maintained pursuant to (at least) minimum safety standards. The property owner (self certified), certified home inspector, or property manager may conduct the verification tasks. Regardless of who performs the verification tasks, the person must verify compliance with the following requirements, check each item below after verifying compliance with each item, and sign, date, and submit this form.

- Smoke alarms** (listed and approved by the State Fire Marshall) installed in the following locations per California Residential Code, Sec. R314.1.
 - In each sleeping room.
 - Outside each separate sleeping area in the immediate vicinity of the bedroom(s).
 - At least one alarm on each story, including basements and habitable attics.

Date of Verification: _____

- Carbon Monoxide alarms** installed in the following locations per the California Health and Safety Code, Sec. 17926.
 - Outside each separate sleeping area in the immediate vicinity of the bedroom(s).
 - At least one alarm on each story, including basements and habitable attics but not including crawl spaces or uninhabitable attics.

Date of Verification: _____

- All sleeping rooms shall be provided with at least one **emergency egress window** with a minimum net clear opening of 5 square feet, with a minimum opening height of 24 inches and minimum net clear opening width of 20 inches. Bars, grilles, grates or similar devices are permitted to be placed over emergency escape and rescue openings provided such devices are releasable or removable from the inside without the use of a key, tool, or special knowledge.

Date of Verification: _____

- All stairs shall have at least one continuous **handrail** running the full length of the stairs.

Date of Verification: _____

- At least one **fire extinguisher** shall be installed in a readily visible/accessible location near the kitchen.

Date of Verification: _____

FLOOR PLAN

- Show all rooms, drawn to scale, including windows and doors.
- Label all rooms.
- Denote which rooms will be occupied for sleeping.
- Denote location of fire extinguisher, smoke and carbon monoxide alarms.

Date of Verification: _____

24-HOUR CONTACT					
Name (If different from owner)					
Mailing Address				Apartment/Unit #	
City		State		ZIP	
Home Phone			Cell Phone		
Email					
COPY OF STANDARD RENTAL/LEASE AGREEMENT					
Please indicate on the rental/lease agreement where the following information is stated:					
<input type="checkbox"/> The maximum number of guests that are allowed. <input type="checkbox"/> The maximum number of vehicles that are allowed. <input type="checkbox"/> Information regarding limitations on noise (quiet hours between 10:00 p.m. and 8:00 a.m.). <input type="checkbox"/> This agreement is signed by every transient prior to rental.					
<i>To be submitted at issuance of permit:</i>					
TRANSIENT OCCUPANCY TAX REGISTRATION CERTIFICATE					
<input type="checkbox"/> A copy of the Transient Occupancy Tax Certificate has been received.					
Certificate date			Certificate Number		
For information about registering to pay Transient Occupancy Tax, contact the Treasurer-Tax Collector at 105 E Anapamu St, Room 109, Santa Barbara CA, 93101 or (805) 568-2927					
INTERNET HOSTING SITES AND IDENTIFICATION NUMBERS					
Hosting Site				Listing Number	
Hosting Site				Listing Number	
Hosting Site				Listing Number	