## Conditional Use Permit (CUP) Residential - Short Term Rental Application

## Windemere Township, MN

Permit ±

	<u>vvinc</u>	lemer	<u>e i c</u>	<u>JWC</u>	<u>isn</u>	<u>ір, і</u>	VIN							Perr	nit #						
<b>About</b> : This application is used to apply for a Short Term Rental Permit. Applicants will need to attach all required worksheets, information and attachments in order to process. For more information, see our website at: <u>http://www.windemeretownship</u>																					
PROPERTY IDENTIFICATION NUMBER (PIN) PIN is found on your Property Tax Statement																					
Primary PIN Structure/SSTS		-			-				Associated PIN			-				-					
Associated PIN		-			-				Associated PIN			-				-					
.g. 123-1234-12345. Primary PIN: Parcel where Structure/SSTS are located. Associated PIN: Additional and/or adjacent property that you own or that is related to the project. County Land Explorer: www.co.pine.mn.us/beacon Property Lookup: www.co.pine.mn.us/beacon																					
APPLICANT																					
Applicant Name (Last, First)       I am a Permittee/Operator Homeowner Other							Daytime # Date														
Applicant Addre	SS									City State						ZIP					
Applicant Email																					
Contact Person # Contact Person #																					
Mailing Address	(Where t	to Send Perm	nit)							Cit	ty	/ State				ZIP					
Email Address (Where to Email Permit)																					
SITE INFOR	SITE INFORMATION																				
Yes       No       Is there a site address for this property? (If no, the application will be forwarded to 911/Communications to assign one.)																					
If yes above, please list site address:																					
Yes No	Is this leased property? If yes, leased from:  MN Power MN DNR US Forest Service Pine County Other																				
Yes Do you have written authorization from the leased property owner? If yes, you must attach written authorization form.									n.												
How is the property accessed?  Public Road  Private Road Easement Water Other (If accessed by easement, easement documentation must be attached.)																					
TYPE OF APPLICATION         PLEASE MAKE CHECKS TO: WINDEMERE TOWNSHIP																					
Conditional Use Permit: Short Term Rental - \$3,000. Of that amount, \$500 is non-refundable.																					
AGREEMENT																					
certify and agree that I building plans and other <b>any approval of the a</b> submitting this application	will comply information pplication on, I release	with all condition to before the ap to and any results to Windemere T	ons impose oplication is <b>ulting pern</b> ownship an	d in con accepte <b>nit inva</b> id its em	nection d or app <b>lid.</b> I au ployees	with the proved. uthorize V from an	approval Intentio Windemer ly and all	of the a <b>nal or u</b> e Towns liability a	vner of the above property pplication. Applicants may <b>inintentional falsificatio</b> ship staff to inspect the pro- ind claims for damages to uction, alteration, repair, e	be re be re on of t operty persor	quired this a to rev n or p	d to submi <b>pplicatio</b> view the a property in	t additi <b>n or ai</b> oplicati any ma	ional prope <b>ny attachn</b> on and for anner or for	ty des <b>nents</b> complia m that	cription <b>theret</b> ance ins may a	ns, prop to will spection prise from	perty s <b>make</b> ons. Fu om the	surveys, si e <b>the app</b> urthermore e approval	ite pla <b>licat</b> e, by l of th	ans, t <b>ion,</b>
CONTACT: WINDEMERE TOWNSHIP ZONING ADMINISTRATOR																					
												c	Office	e Use Oı	ıly						
												F	leceip	ot #							
							Receipt Date														
							Payment Amount														

## Residential Use - Short Term Rental WORKSHEET

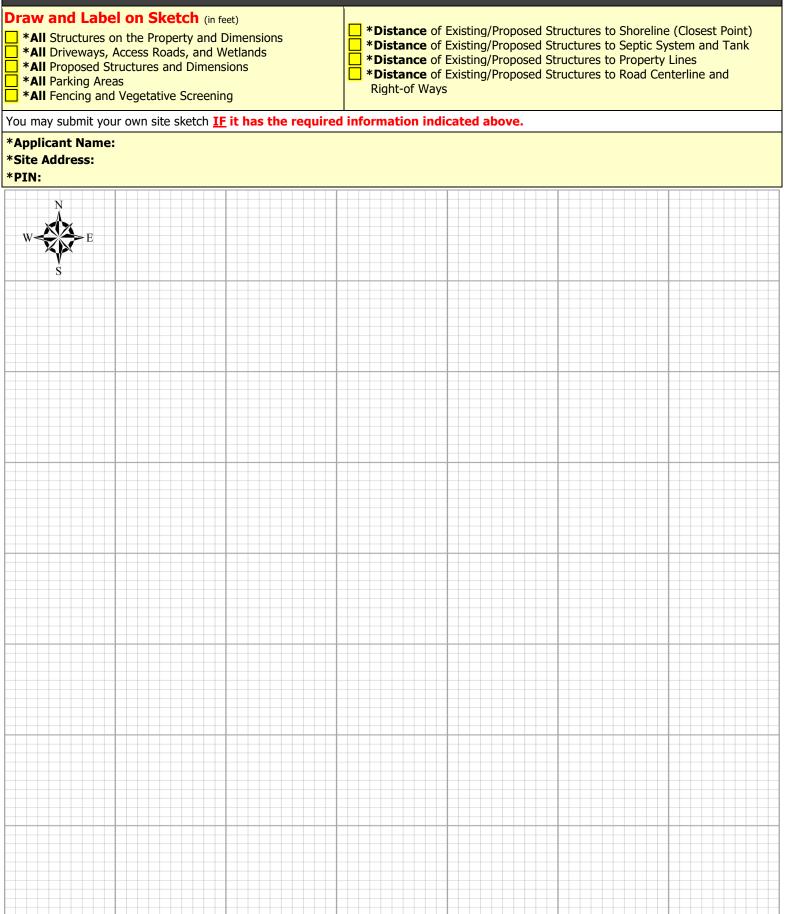
Windemere Township, Minnesota

PERMI	Т ТҮРЕ							
	]	Short Term Vacation Rental Permit (Requires Conditional Use Approval)						
SHORT TERM RENTAL								
🗌 Yes	🗌 No	Is the property located in one of the following zone districts: <b>Commercial or Special Protection District</b> ? If yes, a Conditional Use Permit Application is required.						
🗌 Yes	🗌 No	Is the property located in a <b>Residential or Rural Residential</b> zone district? If yes, a Conditional Use Permit Application is required.						
🗌 Yes	Is there more than one rental dwelling unit on the same parcel or single units on contiguous parcels under common ownership?							
Yes	If yes, is subject to ordinance requirements for proposed use and a Conditional Use Permit Application may be required.         Is the property located on a lake designated as an Environmental Lake (Big Slough, Close, Dago, East Island, Johnson, Lord's, L'Named, Thirteen, Turtle, Willow?         If yes, no Conditional Use Permit will be granted.							
🗌 Yes	🗌 No	Do you currently reside at this property?						
🗌 Yes	🗌 No	Is the property used primarily for rental purposes? If yes, shall be deemed a Commercial Use-Class II and subject to ordinance requirements regarding commercial use.						
Please d	Please describe the proposed use. (List all structures included with the proposed use)							
OCCUP	ANCY I	NFORMATION						
		Total # of bedrooms on the property						
	Total # of allowed guests							
DESCR	IPTION	OF YEARLY USE* (Total number of days must equal 365)						
	Intended # of days for personal use							
	Intended # of days for rental use							
	Intended # of days unused							
*Primary use of the property for short term rental purposes may affect your property tax classification. Please contact your County Assessor for more information.								
TRAFFIC, PARKING, AND/OR DOCKAGE								
🗌 Yes	🗌 No	Will the proposal generate an increase in traffic? (Boat, snowmobile, truck, bus, car, etc.)						

If Yes, how many parking spaces are available on the property? (Please attach on-site parking plan)										
SIGNAGE AND LIGHTING										
Yes     No     Does your proposal include signage? (Include any off-site signs)										
If Yes, please list number of signs, size, location, and illumination of each sign:										
🗌 Yes	Yes No Will there be lighting (including security lighting) that may be visible from roads, waterways, and adjacent properties?									
If Yes, please explain:										
REQUI	RED POS	STINGS								
🗌 Yes	Yes No Have applicable licenses, rules and regulations and emergency contact information for police, fire, hospital, septic tank pumper, and permittee/owner/operator been posted in a prominent location within the rental unit? (Please attach copies)									
If No, ple	If No, please explain:									
🗌 Yes	Yes       No       Have Aquatic Invasive Species (AIS) prevention guidelines been posted for watercraft use? (Please attach copy)									
If No, please explain:										
WASTE	WATER	TREATMENT								
Will wast	Will wastewater be generated?									
If Yes, what type of system will be used to handle wastewater treatment?  Private Septic System Municipal Other, please explain:										
SOLID	WASTE	Check all types of waste generated and describe how you will collect and store waste generated from the Short Term Rental below:								
House	ehold Gart	Dage  Animal Waste  Other								
If Other,	please ex	plain:								
Please describe collection and disposal:										

SCREEN	ING									
What type of visual screening will be used:										
From Roa	ds		From Adjacent Properties	From Lakeshore (if applicable)						
U Vegeta	ative 🗌	Fence 🗌 Other	🗌 Vegetative 🔲 Fence 🗌 Other	Uvgetative Fence Other						
Please De	Please Describe:									
AUTHORIZING AGENCIES										
☐ Yes	Have you received a Lodging License from the Minnesota Department of Health for this Short Term Rental?									
□ Yes	Yes No Have you received a Minnesota Tax Identification Number from the Minnesota Department of Revenue for this Short Term Rental? (Please attach copy)									
	If No, your application will be returned.         ADDITIONAL REQUIRED INFORMATION & ATTACHMENTS									
		c Map or Sketch:								
Boundary lines with parcel dimensions.										
Existing Buildings (see site sketch form for required information).										
If located in a <b>RES</b> zone district, property lines shall be located by a licensed land surveyor.										
2. Documents:										
Copy of a septic permit to construct or certificate of compliance approval or municipal/sanitary district approval.										
Copy of current Minnesota Department of Health Lodging License and other applicable licenses.										
Minnesota tax identification number and other applicable identification numbers.										
On-site parking plan.										
Current contact information for person(s) responsible for property management.										
Photo documentation of visual demarcation of the property lines.										
Evidence of ownership.										
Other information as deemed necessary by the Windemere Township Zoning Administrator.										
CONTACT: WINDEMERE TOWNSHIP ZONING ADMINISTRATOR										
Receipt Da Payment A	ite mount									

## Site Sketch Form The sketch is to graphically illustrate your proposed project(s)



Sanitary Review: (To be determined by appropriate sanitary authority.)									
Will the proposal, as shown above, negatively impact the SST	🗆 Yes	🗆 No							
Sign off:									
Signature	Title								