SHORT-TERM RENTAL (STR) APPLICATION FORM

APF	PLICATION DATE -	THIS IS APP	LICATION IS (Cho	ose One) -
	5/30/25	NEW		
1.	LOCATION OF SHORT-TERM RENTAL - Street address: 484 Maple Grove Way			
	<i>Zip code:</i> 65203			
	180001			
Zoning district in which dwelling unit is located: (use <u>City View</u> to find your zoning): (Choose One) R-2 (Two-family Dwelling What is the present use of the dwelling seeking STR authorization? (Choose one)				
If YES, was the STR Certificate of Compliance revoked? YES \Box NO \Box				
2.	TIER OF SHORT-TERM RENTAL -			
	Is the dwelling unit the Registrant's principal re	esidence? YE	S NO ■ If yes	, <u>demonstrating documentation</u> is required.
	"Demonstrating documentation" is defined as or state tax returns or other financial documenta sufficient by the Director of the Community Dev	ation; a utility	bill; a valid driver's	ts: a valid motor vehicle or voter registration; federal s license; or other legal documentation deemed
	Tier Designation (select one):			
	 Tier 1 (30 nights annually) Tier 2 (120 nights annually), No CUP required Tier 2 (210 nights annually), CUP required 			e
	Tier 3 (Up to 365 nights annually)			
	How will the dwelling be offered as a short-te	rm rental (cl	neck those that ap	pply)
🖨 Entire Home 🗆 Partial Home 🔲 Room				
	Maximum "transient" guest occupancy desire	d? (Choose (Dne) 5	
	Does the dwelling current possess a current "	Rental Certif	icate of Complian	<i>ce"</i> ? YES 📮 NO 🗆 <i>If NO,</i> proceed to question # 3
If YES, provide Certificate of Rental Compliance number: ONS 014714				
3. REGISTRANT (APPLICANT) FOR SHORT-TERM RENTAL -				
	<i>Full name*:</i> Kamau Bilal R.			
	Address: 482 Maple Grove Way			
	City, State, Zip code: Columbia, MO 652	03		
	Date of birth (xx/xxxx):			
	Last 4-digits of social security number or Fede	ral Tax Ident	ification Number	
	Telephone number:			
	Email address:			
	Will registrant be using the services of an age	ent to proces	s this application	PYES NO I If NO, proceed to question # 4.

If YES, complete a Property Owner Authorization Form (POAF). The POAF is available within the STR Documents Library.

* **NOTE:** The registrant must be the owner or a long-term resident. If the registrant is not owner of dwelling unit, identification of each owner of the unit by full legal name, mailing address, date of birth (month/year), last 4-digits of SSN or Federal Tax Identification Number shall be provided on the form entitled **Ownership Interests** available within the **STR Documents Library**. If the dwelling unit is owned a corporation, limited liability company, partnership, limited partnership, trust or real estate investment trust, the name and telephone number of each member of the limited liability company or officers or owners of the corporation or business shall e provided on the form entitled **Ownership Interests** available within the **STR Documents Library**.

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4. REGISTRANT'S PROOF OF DWELLING UNIT POSSESSION -

Is the registrant the legal owner of the dwelling as shown in the Land Records of Boone County Missouri? YES 🔳 NO 🗌

If YES, provide proof by valid warranty deed.

If NO, the following shall be supplied to support registrant's claim of legal possession of the dwelling and ability to obtain a STR

Certificate of Compliance:

- 1. Valid lease or other verification of the tenant's right to possession of the dwelling unit; and
- 2. Notarized affidavit from the property owner allowing registrant to conduct a short-term rental within the dwelling. *Affidavit Form* is available within the *STR Documents Library*.

5. DESIGNATED AGENT -

A designated agent located within the County of Boone who is accessible 24-hours per day, seven (7) days a week, must be specified. This agent will be responsible for addressing matters arising with the operation of the dwelling as a short-term rental in the absence of the registrant.

Full name: Arwa Abdelhadi

Address: 482 Maple Grove Way

City, State, Zip code: Columbia, MO 65203

Telephone number: Email address:

Relationship to registrant: Spouse

6. WEBSITE OR LISTING PLATFORMS -

Provide a complete list (name and web-address) of the sites upon which dwelling would be listed.

VRBO, AIRBNB

7. DWELLING/SITE SPECIFIC INFORMATION -

Total number of bedrooms within the dwelling:

Approximate size of each bedroom or sleeping space (in square feet):

120	140
140	187

Total number of on-site driveway parking spaces (a space measures 8.5-ft x 18-ft): A

Does the dwelling unit or property presently have an accessory dwelling unit (ADU) within it or on-site? YES 🗌 NO 🗖

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8. CONDITIONAL USE PERMIT REQUIRED -

Any dwelling unit that is or is not a long-term resident's principal residence located in the A, R-1, R-2, and R-MF zoning districts and sought to be offered as an STR for 210 nights annually as well as any dwelling unit that is or is not a long-term resident's principal residence located in the M-OF zoning district and sought to be offered as an STR for greater than 120 nights annually shall obtain a conditional use permit (CUP) prior to being eligible for issuance of a STR Certificate of Compliance or Business License.

Review of the STR Flowchart will determine if a conditional use permit (CUP) is required. Whenever a Tier identified as either "conditional accessory use" or "conditional use" is shown within the Flowchart a CUP is required. If a CUP is required, the **Conditional Accessory/Conditional Use Supplemental Questions Form** shall be completed and attached to this application at time of submittal. The Conditional Accessory/Conditional Use Supplemental Questions Form can be found within the **STR Documents Library.**

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9. MECHANICAL EQUIPMENT CERTIFICATION/INSPECTION

Is the dwelling to be used classified as a Tier 1 STR (see question #2)? YES NO

If Yes, please proceed to application signature and acknowledgement of accuracy

If No, a Heating and Ventilation Systems Certificate of Inspection and Approval shall be required prior to the issuance of a STR Certificate of Rental Compliance. This form IS NOT required to be submitted with your initial application. Submission of this form will be requested as part of the Housing and Neighborhood Services review of your STR application. The Heating and Ventilation Systems Certificate of Inspection and Approval Form can be found within the STR Documents Library.

10. SUPPPLEMENTAL APPLICATION QUESTIONS -

(a) Has the subject dwelling prior to this application been used as an STR? . YES \checkmark NO

(b) If "Yes" question (a), for how many days in the prior calendar year NIA was the dwelling offered as an STR?

(c) In relationship to the subject dwelling, how far is the "designated agent" the dwelling in:

and Travel Time 0 Miles ()

Designated agent lives next door.

Signature and Acknowledgement of Accuracy (ALL APPLICATIONS MUST BE SIGNED)

(A digital/electronic signature is permitted. If such signature cannot be affixed, PRINT THIS PAGE, manually sign were required, and ATTACH PAGE as an UNLOCKED PDF to your STR Application submission).

The undersigned hereby certifies that the information contained on the above application is true and correct to his/her best knowledge and belief, and the undersigned is either the owner of the property or has the authority to sign such application as the operator/agent on behalf of the owner.

Nau

If Corporation:

President

Secretary

The owner/operator/agent may sign the following consent form to allow the city inspector to have access to the premises in the absence of the owner/operator/agent:

CONSENT TO INSPECTION I hereby consent and authorize the Director of Community Development, or designee, to enter upon and inspect the premises for which application is being made for the purpose of inspecting said premises to determine whether or not such premises is in compliance with Chapters 6, 9 (article II), 20, 23, 24, 25 and 29 of the City Code of the City of Columbia, Missouri for issuance of a certificate of compliance the Rental Unit Conservation Law.

Owner/Operator/Agent