SHORT-TERM RENTAL (STR) APPLICATION FORM

APPLICATION DATE -

7/29/24

THIS IS APPLICATION IS (*Choose One*) -

■ **NEW** ☐ **RENEWAL** ☐ **NEW CONSTRUCTION**

1. **LOCATION OF SHORT-TERM RENTAL -**

Street address: 210 Bourn Ave

Zip code: 65203

Boone County Assessor's Tax Parcel Identification Number: 16507000510100

Zoning district in which dwelling unit is located: (use City View ***to find your zoning): (Choose One)*** R-1 (One-family Dwelling)

What is the present use of the dwelling seeking STR authorization? (Choose one)

■ **Single-family** ☐ **Single-family, attached** ☐ **Two-family** ☐ **Multi-family** ☐ **Rooming House**

Has this property previously been authorized for a STR? **YES** ☐ **NO** ■ ***If NO,*** *proceed to question # 2*

If YES, was the STR Certificate of Compliance revoked? **YES** ☐ **NO** ☐

2. **TIER OF SHORT-TERM RENTAL -**

Is the dwelling unit the Registrant's principal residence? **YES** **NO** ▪ **If yes,** demonstrating documentation is required.

"Demonstrating documentation" is defined as one of the following documents: a valid motor vehicle or voter registration; federal or state tax returns or other financial documentation; a utility bill; a valid driver's license; or other legal documentation deemed sufficient by the Director of the Community Development Department.

Tier Designation (select one):

☐ ***Tier 1 (30 nights annually)***
☐ ***Tier 2 (120 nights annually), No CUP required must be principal residence***
■ ***Tier 2 (210 nights annually), CUP required in A, R-1, R-2, R-MF zoning***
☐ ***Tier 3 (Up to 365 nights annually)***

How will the dwelling be offered as a short-term rental (check those that apply)

■ **Entire Home** ☐ **Partial Home** ☐ **Room**

Maximum "transient" guest occupancy desired? (Choose One) 4

Does the dwelling current possess a current "Rental Certificate of Compliance"? **YES** ☐ **NO** ■ ***If NO,*** *proceed to question # 3*

If YES, provide Certificate of Rental Compliance number:

3. **REGISTRANT (APPLICANT) FOR SHORT-TERM RENTAL -**

Full name*: Nicholas Hermann

Address: 3000 Woodkirk Dr

City, State, Zip code: Columbia, MO 65203

Date of birth (xx/xxxx): 08/1983

Last 4-digits of social security number or Federal Tax Identification Number: 0873

Telephone number: 5734243588

Email address: nhermann12@gmail.com

Will registrant be using the services of an agent to process this application? **YES** ☐ **NO** ■ ***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 Cocuments 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: Nicholas Hermann
Address: 3000 Woodkirk Dr
City, State, Zip code: Columbia, MO 65203
Telephone number: 5734243588
Email address: nhermann12@gmail.com
Relationship to registrant: same

6. **WEBSITE OR LISTING PLATFORMS -**

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

Airbnb (https://www.airbnb.com/); furnished finder (https://www.furnishedfir

7. **DWELLING/SITE SPECIFIC INFORMATION –**

Total number of bedrooms or sleeping spaces within dwelling: 2

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

Bedroom 1 250
Bedroom 2 120

Total number of on-site driveway parking spaces (a space measures 8.5-ft x 18-ft): 3

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

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.***

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

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.

_____
Owner

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