

SHORT-TERM RENTAL (STR) APPLICATION FORM

APPLICATION DATE 6-1-2024

THIS IS APPLICATION IS (Choose One) -

NEW RENEWAL NEW CONSTRUCTION

1. LOCATION OF SHORT-TERM RENTAL -

Street address: 400 Clinkscale

Zip code 65203

Boone County Assessor's Tax Parcel Identification Number:

Zoning district in which dwelling unit is located: (use City View to find your zoning): (Choose One) Zoning district in which dwelling unit is located: (use City View to find your zoning) (Choose One):

R-1 (One-Family Dwelling) R-2 (Two-Family Dwelling) R-MF (Multiple-Family Dwelling) A (Agriculture)
 M-OF (Mixed-use Office) M-N (Mixed-use Neighborhood) M-C (Mixed-use Corridor)
 M-DT (Mixed-use Downtown)

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 -

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) (1) (2) (3) (4) (5) (6) (7) (8)

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:

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3. REGISTRANT (APPLICANT) FOR SHORT-TERM RENTAL

Full name* Bruce M. Polansky

Address: 1114 S. Bay Club Drive

City, State, Zip code: Manteo NC 27954

Date of birth (xx/xxxx): 4-3-1961

Last 4-digits of social security number or Federal Tax Identification Number: 6932

Telephone number: 703-929-1214

Email address: brucepolansky@msn.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 entity shall be 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: Jessica Yankee
Address: 17 West Parkway Drive
City, State, Zip code: Columbia, MO 65203
Telephone number: 573-639-2563
Email address: jessie@jessieyankee.com
Relationship to registrant: Agent/Co-Host

6. WEBSITE OR LISTING PLATFORMS -

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

Airbnb.com
vrbo.com

7. DWELLING/SITE SPECIFIC INFORMATION –

Total number of bedrooms or sleeping spaces within dwelling: 3

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

Bedroom 1 - 12 x 12
Bedroom 2 - 10 x 11
Bedroom 3 - 11 x 11

Total number of on-site driveway parking spaces (a space measures 8.5-ft x 18-ft): Click or tap here to enter text. 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

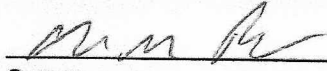
Is the dwelling to be used classified as a Tier 1 STR (see question #2)? YES NO

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
Deborah R Polansky
6/1/2024

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:

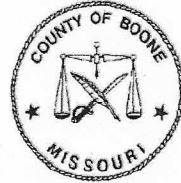
CONSENT TO INSPECTION I hereby consent and authorize the Director of Community Development, or designee, to enter upon and inspect the premises for which application is being made for the purpose of inspecting said premises to determine whether or not such premises is in compliance with Chapters 6, 9 (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
Deborah R Polansky
6/1/2024

Recorded in Boone County, Missouri

Date and Time 02/01/2022 at 03:01:52 PM
Instrument # 2022002308 Book 5574 Page 52

Instrument Type WD
Recording Fee \$30.00 S
No of Pages 3



Nora Dietzel
Nora Dietzel, Recorder of Deeds

GENERAL WARRANTY DEED

THIS INDENTURE, made on this 1st day of February 2022, by and between

Grantor: Melissa Marie Menard and Steve Menard, wife and husband, and Alison Lynn Wick and Joshua Wick, wife and husband

County of Boone and State of Missouri, party of the first part, and

Grantee: Bruce M. Polansky and Deborah L. Polansky, husband and wife

County of Boone and State of Missouri, party of the second part

Mailing address of said first named grantee is: 400 Clinkscapes Rd, Columbia, MO 65203

Witnesseth, that the said party of the first part in consideration of the sum of One Hundred Dollars and Other Good and Valuable Consideration to them paid by the said party of the second part, the receipt of which is hereby acknowledged, does by these presents, grant, bargain and sell, convey and confirm, unto the said party of the second part, his/her heirs and assigns, the following described lots, tracts or parcels of land, lying being and situate in the County of Boone, and State of Missouri, to wit:

Lot One (1) in Barkwell Place, a subdivision as shown by the plat recorded in Plat Book 4, Page 2, Records of Boone County, Missouri. 16-317-00-06-006.00

SUBJECT TO EASEMENTS, CONDITIONS AND RESTRICTIONS OF RECORD, IF ANY.

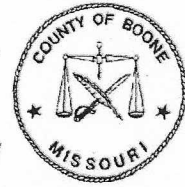
TO HAVE AND TO HOLD the premises aforesaid, with all and singular the rights, privileges, appurtenances and immunities thereto belonging or in anywise appertaining unto the said party of the second part, and unto his/her heirs, or successors, and assigns, forever, the said party of the first part herein hereby covenanting that he/she is lawfully seized of an indefeasible estate in fee in the premises herein conveyed; that he/she has good right to convey the same; that the said premises are free and clear of any encumbrance done or suffered by them or those under whom he/she claim, and that he/she will warrant and defend the title to the said premises unto the said party of the second part, and unto his/her heirs, or successors, and assigns, forever, against the lawful claims and demands of all persons whomsoever.

IN WITNESS WHEREOF, the said party of the first part has hereunto set his/her hands the day and year first above written.

Recorded in Boone County, Missouri

Date and Time 02/01/2022 at 03:01:52 PM
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County of Boone and State of Missouri, party of the second part

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IN WITNESS WHEREOF, the said party of the first part has hereunto set his/her hands the day and year first above written.

GENERAL WARRANTY DEED

THIS INDENTURE, made on this 1st day of February 2022, by and between

Grantor: **Melissa Marie Menard and Steve Menard, wife and husband, and Alison Lynn Wick and Joshua Wick, wife and husband**

County of **Boone** and State of **Missouri**, party of the first part, and

Grantee: **Bruce M. Polansky and Deborah L. Polansky, husband and wife**

County of **Boone** and State of **Missouri**, party of the second part

Mailing address of said first named grantee is: 400 Clinkscates Rd, Columbia, MO 65203

Witnesseth, that the said party of the first part in consideration of the sum of One Hundred Dollars and Other Good and Valuable Consideration to them paid by the said party of the second part, the receipt of which is hereby acknowledged, does by these presents, grant, bargain and sell, convey and confirm, unto the said party of the second part, his/her heirs and assigns, the following described lots, tracts or parcels of land, lying being and situate in the County of Boone, and State of Missouri, to wit:

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IN WITNESS WHEREOF, the said party of the first part has hereunto set his/her hands the day and year first above written.

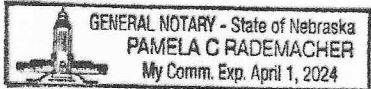
Alison Lynn Wick
Alison Lynn Wick

Joshua Wick
Joshua Wick

STATE OF Nebraska)
COUNTY OF Lancaster)SS

On this 27 day of January, 2022, before me, a Notary Public in and for said State personally appeared **Alison Lynn Wick and Joshua Wick, wife and husband**, to me known to be the **person(s)** described in and who executed the foregoing instrument and acknowledged **he/she/they** executed the same for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in the State and County aforesaid the day and year first above written.



Pamela C. Rademacher
Notary Public

Melissa Marie Menard
Melissa Marie Menard

Steve Menard
Steve Menard

STATE OF Missouri)
COUNTY OF Boone)SS

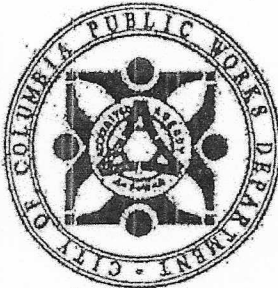
On this 1 day of February, 2023, before me, a Notary Public in and for said State personally appeared **Melissa Marie Menard and Steve Menard, wife and husband**, to me known to be the **person(s)** described in and who executed the foregoing instrument and acknowledged **he/she/they** executed the same for the purposes therein stated.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal at my office in the State and County aforesaid the day and year first above written.

Kayla Nicole Graham
Notary Public

KAYLA NICOLE GRAHAM
Notary Public - Notary Seal
State of Missouri
Commissioned for Miller County
My Commission Expires: July 13, 2025
Commission Number: 19105092

KAYLA NICOLE GRAHAM
Notary Public - Notary Seal
State of Missouri
Commissioned for Miller County
My Commission Expires: July 13, 2025
Commission Number: 19105092



Division of Protective Inspections
Heating and Ventilation System Certificate 22-186 (E)
CITY OF COLUMBIA, MISSOURI
Department of Public Works

This is the water heating, space heating and ventilation system inspection certificate for rental property. Complete the top portion, and either the gas or electric section below.

The water heating, space heating and ventilation system section (center section) must be signed by a licensed journeyman or master mechanic.

Property Address: 400 Clinkscates Rd.
Apt or Ste #'s (if applicable): _____
Owner's Name: Bivee Polansky
Owner's Address: 114 S. Bay Club Pl. Montecito NC 27954

HEATING AND VENTILATION SYSTEMS CERTIFICATION

This is to certify that I, or a qualified representative of the company, have inspected the water heating, space heating and ventilation systems in the above premises and the systems are functioning properly and safely. This certificate is issued in association with obtaining a certificate of compliance.

Mechanical Contractor Name Chapman Htg/A/c Inspection Date 5-30-24
Contractor Address 3150 Paris Rd. #108 Phone # 445-4489
Mechanic Name (printed) Curt Moreland License # BSDM001162
Mechanics Signature Curt D. Moreland 2018

ELECTRIC HEATING AND VENTILATION SYSTEM CERTIFICATION

Heating systems which do not use gas for heating water or living areas do not require an inspection by a mechanic. The owner or agent for the rental property may complete and sign the spaces below for electric heating systems.

This is to certify that the water heating, space heating and ventilation systems at the above address are all electric.

Bivee Polansky Date 5/31/2024
Rental Property Owner/Agent (Printed name)
[Signature]
Rental Property Owner/ Agent (Signature)

Authorization Signature

I hereby authorize the work above to be completed

Handwritten signature consisting of the letters 'N' and 'H' in a cursive style.

Payment Signature

The work was completed to my satisfaction

Handwritten signature represented by a single, continuous wavy line.

**STR DOCUMENT LIBRARY –
PROPERTY OWNER AUTHORIZATION FORM**

I/we hereby certify that I/we am/are the owners of record of the following described property. I/we am/are respectfully requesting processing and approval of the request made on or about 6-4-2024, through the City of Columbia, Missouri Citizen Self Service (CSS) site. I/we hereby authorize the Applicant identified below to do the following: 1) to serve as the principal contact with the City in processing this application; 2) to communicate with the City regarding the application; and 3) to represent the Owner at all public hearings regarding the application. This authorization is not a power-of-attorney and does not authorized Applicant to execute contracts, deeds, easements or similar documents on behalf of Owner.

Property Address: 400 Clinkscale Road

Parcel: 16-317-00-06-006.00

Application Type: Short-Term Rental (STR) Application

Bruce M. + Deborah L. Polansky
Property Owner's Name (print)

Jessica Yankee
Applicant's Name (print)

Owner
Title

Charlotte Ann Properties
Company

[Signature] 6-4-2024
Property Owner's Signature Date

Jessica Yankee 6/4/24
Applicant's Signature Date

Deborah Polansky 6-4-2024