

Permit # _____

Routing:

Applicant Agent
Township Sheriff
Health Dept. Assessor

RENEWAL INTERIM USE APPLICATION FOR VACATION RENTAL

Application Fee: \$300 After-the-Fact Fee: \$800

Make Check Payable to: Lake County Auditor

Incomplete Applications will be Returned!

| A. GENERAL PROPERTY INFORMATION | | | | | |
|--|-----------------------------|---|--|--------------------------|------------------|
| PROPERTY OWNERS NAME | | DAY PHONE | | AUTHORIZED AGENT NAME | |
| COMPLETE MAILING ADDRESS | | VACATION RENTAL ADDRESS | | AUTHORIZED AGENT ADDRESS | |
| PROPERTY OWNER EMAIL | | AUTHORIZED AGENT PHONE | | AUTHORIZED AGENT EMAIL | |
| B. PROPERTY DESCRIPTION & LAND FEATURES | | | | | |
| Section | Township | Range | Township Name | Acreage | Parcel Number(s) |
| Quarter Section/Legal Description (attach separate sheet if necessary) | | | | | |
| Lake/River Name | | | Nearest Road Access (attach map if site is remote) | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Property within Shoreland? (1,000' of lake, 300' of river, or Lake Superior North Shore Management Zone) | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has a Conditional Use Permit been previously approved on this property? If yes, Permit C-____-____ | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Legal Access from public road? | | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is this Property Leased or Contract for Deed? If Leased or Contract for Deed property, you must attach written authorization. | | If yes, from: | |
| C. PROJECT DATA | | | | | |
| Sewage Information (check one): | | | | | |
| <input type="checkbox"/> Existing Septic System*, Septic Permit SP-____-____: # bedrooms on Certificate of Compliance: ____ (Attach copy) Date of most recent compliance inspection: _____ | | | | | |
| <input type="checkbox"/> Connected to _____ Sanitary District (written approval must be provided) | | | | | |
| <input type="checkbox"/> Not Applicable (This means there are no structures with plumbing on the property. A sewer exemption form must be on file in the Planning & Zoning office.) | | | | | |
| * Attach a valid Certificate of Compliance, which is a certificate that was issued on a new septic system installed within the past 5 years OR a copy of a compliance inspection form which was performed within the past 3 years. Additionally, the applicant must provide documentation that the septic is sized appropriately for the proposed use. Holding tanks are not allowed for rental units. | | | | | |
| Rental Details: Attach a floor plan of the rental home, including room dimensions. | | | | | |
| Number of Bedrooms in rental home: _____ Dimensions: 1. _____ 2. _____ 3. _____ 4. _____ | | | | | |
| Dimensions of onsite parking available: _____ (the parking area must also be shown on the sketch page) | | | | | |
| DETAILED DESCRIPTION OF REQUEST: (include the # of months of the rental season, length of rentals, and projected rental market) | | | | | |
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D. ADDITIONAL REQUIREMENTS FOR VACATION RENTAL HOME

As property owner, you are responsible to confirm that you, the Emergency Contact or the Housekeeping Service identified below will provide garbage service for vacation rental guests. The garbage must be stored appropriately and collected and disposed of by a Lake County licensed waste hauler. Section 5.01 of the Lake County Solid Waste Ordinance No. 4 states **"The property owner shall not permit solid waste to be placed in locations or in a manner that the solid waste may be scattered by wind, animals or insects."**

| | | |
|--|--------------|---------------------------|
| Emergency Contact (must be able to respond in person within 30 minutes or less) | Phone Number | Address or E-mail Address |
| | | |
| Housekeeping Service | Phone Number | Address or E-mail Address |
| | | |
| Garbage Hauler | Phone Number | Address or E-mail Address |
| | | |

SUBMIT WITH THIS RENEWAL APPLICATION: *INCOMPLETE APPLICATIONS WILL BE RETURNED*

- Current Health Department License
- Last 12 months flow meter readings—convert readings to gallons.
- Occupancy for last 12 months (rental period and number of guests for each period)
- If any remodeling or bedroom additions have been made, you must submit new floor plans with this application.
- If any structures have been added to property since last approval, submit a new site sketch.

E. AGREEMENT & SIGNATURES

Review, Acknowledge, and Initial the following vacation rental requirements:

| | |
|--|--|
| | Rental of recreational camping vehicles shall not be allowed. |
| | On Premise signs are prohibited. |
| | No more than one dwelling per parcel may be rented. Guest quarters cannot be rented as per Sec.7.06. |

The Planning Commission will make a recommendation to the County Board, which will be acted upon at the next available action meeting.

I hereby certify that I am the owner of the described property, that the information provided herewith is correct and representative of the existing conditions on the property. I understand this request will result in public notification process and hearing conducted in accordance with Minnesota Statutes.

I consent to site visits by County representatives prior to the hearing. I understand further that falsifications of this application or any attachments thereto will serve to make this application and any subsequent permit invalid.

I understand that this process requires that my agent or I must be present at the public hearing to explain my proposal and answer any questions. Without that presence, the application will be denied.

| | | |
|------------|-----------------|------|
| | | |
| Owner Name | Owner Signature | Date |

The property owner’s signature is required above if an Authorized Agent is to act on their behalf, giving permission to the agent to modify and make changes to this application. The Authorized Agent’s signature is also required.

| | | |
|-----------------------|----------------------------|------|
| | | |
| Authorized Agent Name | Authorized Agent Signature | Date |

-FOR OFFICE USE ONLY-

| | | | | |
|--------------|----------------|------------------|---------------------------|--------------|
| Received By: | Date Received: | Zoning District: | Shoreland Classification: | NSMZ or EHA? |
| | | | | NSMZ EHA |

| | | | | |
|---------------|-----------|------------------------------|------------|----------------|
| Date of SSTS: | COC Date: | 15 Business Day Return Date: | Permit Fee | Payment Method |
| | | | \$ | Cash Check |

| | | | |
|-------------------|-------------------------------|----------------------|---|
| Receipt #: | Date Accepted Complete | Permit Number | Date, Time & Place of Hearing: |
| | | I-__ - ____ | |

Remarks:

| | |
|--|--------------------------------------|
| | |
| | Application Revision Date: 6/15/2020 |

REFERENCE INFORMATION

CONTACTS:

Knife River Sanitary District: (218) 349-9725
Castle Danger Sanitary District: (218) 834-5255
Minnesota Department of Transportation: (218) 725-2700
Lake County Highway: (218) 834-8578
Lake County Health Department: (218) 834-8356

Lake County Atlas is an online parcel viewer is a reference that may help you with collecting information for this permit application. It is NOT intended for legal purposes. All Distance measurements must be collected on the ground.

Go to: <https://www.co.lake.mn.us/>

DEFINITIONS:

SHORELAND AREA: Within 1,000' of a lake OR 300' of a river, OR within the North Shore Management Zone

VEGETATION LINE: The line defining where terrestrial vegetation begins. (This is commonly where a sod layer has developed.) The vegetation line is not where a single bush, tree, flower, etc. grows from the rocks or the side of a cliff. A sod layer is needed to be considered the vegetation line. If the vegetation line is not clear, we can assist in this determination.

BLUFF: A slope (hill, cliff, or embankment) rising 25 ft. or greater above the ordinary high water level of the waterbody and the grade of the slope from the toe of the bluff to a point 25 ft or more above the high water level averages 30% or greater.

Minimum Vacation Rental Home Requirements

Sec. 6.16 Vacation Rental Home: All vacation rental homes shall meet the following minimum requirements:

- A) Rental must be located on a conforming lot. Lots within the North Shore Management Zone which were conforming prior to the May 26, 2006, lot size amendments will be considered a conforming lot for the purpose of a vacation rental home.
- B) Must have valid Certificate of Compliance on file with Lake County. The installation of a flow monitoring device is required. Monthly flow recordings are required and this information must be made available to Planning and Zoning upon request. No holding tanks allowed for rental units.
- C) The owner shall obtain and maintain a MN Department of Health license or Lake County Health Department license, if applicable.
- D) The licensee shall keep a report, detailing use of the home by recording, at a minimum, the name, address, phone number and vehicle license number of overnight guests using the property. A copy of the report shall be provided to Planning and Zoning upon request.
- E) Rental of recreational camping vehicles shall not be allowed.
- F) On premise signs are prohibited.
- G) The owner shall provide a visual demarcation of the property lines as determined by the Planning & Zoning Administrator.
- H) The owner shall post within the rental unit the rules and regulations and an emergency contact person and phone number.
- I) The site shall provide on-site parking sufficient to accommodate the occupants of the rental home.
- J) No more than one dwelling per parcel may be rented. Guest quarters cannot be rented as per Sec.7.06