

Short-Term Rental Application (BLR)

415 W 6th ST ~ Vancouver, WA 98660, P.O. Box 1995 ~ Vancouver, WA 98668, Phone (360) 487-7803

Email completed application to cddplanning@cityofvancouver.us

SHORT-TERM RENTAL SUBMITTAL REQUIREMENTS

Dwelling units or buildings that have received approval under the City's multi-family tax exemption (MFTE) program are not eligible to be used as a short-term rental

- ☐ Signed and dated Application Form (email to cddplanning@cityofvancouver.us)
- ☐ Fee paid via ePermits. Provide ePermits user name ([Request an ePermits Account](#))
- ☐ Copy of Washington State Business License
- ☐ Copy of City of Vancouver Business License
- ☐ Copy of Liability Insurance for the rental property (Per RCW \$1 million or more)
- ☐ Copy of neighbor notification letter
- ☐ Affidavit of mailing to property owners abutting and adjacent to the proposed short-term rental
- ☐ List of all addresses where the neighbor notification letters were mailed

STRUCTURE TYPE of SHORT-TERM RENTAL

- ☐ Single Family House ☐ Duplex ☐ Multifamily Unit ☐ Accessory Dwelling Unit: ☐ Attached ☐ Detached

SPACE TO BE RENTED

- ☐ Entire Unit ☐ Single Bedroom ☐ Two bedrooms ☐ Three or more bedrooms

SITE LOCATION AND INFORMATION

Site address:

Parcel #:

Platforms Short-term Rental listed on: ☐ VRBO ☐ Airbnb ☐ Booking.com ☐ TripAdvisor ☐ Expedia ☐ Other:

OPERATION INFORMATION

Operator Name:	Property Owner:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Email:	Email:

RESPONSIBILITY STATEMENTS (please initial)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | My short-term rental business is registered with the City of Vancouver |
| <input type="checkbox"/> | I will comply with all relevant short-term rental provisions listed in the RCW 64.37 and 67.637.030 |
| <input type="checkbox"/> | I attest the short-term rental identified in this application shall comply with the required standards in VMC 20.835.050 |
| <input type="checkbox"/> | I will include my City of Vancouver short-term rental permit number in all advertising |
| <input type="checkbox"/> | All bedrooms will have an operating carbon monoxide alarm installed |
| <input type="checkbox"/> | Smoke alarms shall be installed, interconnected, maintained and in working order outside of each separate sleeping area, inside each room used for sleeping purposes, and on each story within the dwelling |
| <input type="checkbox"/> | Portable Fire Extinguisher: FPEs shall be mounted in an accessible and conspicuous location (size, minimum of a 2A;10B:C) |
| <input type="checkbox"/> | I will provide an interior map which displays exit routes in case of an emergency that will be posted on the interior side of the door of sleeping rooms and main entrance |
| <input type="checkbox"/> | Gas and/or electrical utilities must have shut off switches shall be labeled |
| <input type="checkbox"/> | I will maintain clear space around furnace, space heaters, and hot water heater |
| <input type="checkbox"/> | I have reviewed, in its entirety, the short-term rental program information |
| <input type="checkbox"/> | I will allow the City to inspect the premises in accordance with VMC 17.08 |

	I understand that failure to comply with applicable regulatory standards may result in the code enforcement process identified in VMC 22.020.20 (1. Correction Notice 2. Notice of Civil Violation and Order 3. Order to Revoke Permit)	
REQUIRED SIGNATURES		
<i>I have read the above and agree to comply with the requirements.</i>		
Operator Signature:		Date:
Property Owner Signature:		Date