

STAFF USE ONLY

PERMIT NUMBER - STR: 0933

VALID THROUGH: 8.8.20



PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT SHORT TERM RENTAL PERMIT APPLICATION

Questions? www.coloradosprings.gov/STR or (719) 385-5905

SHORT TERM RENTAL (30 DAYS OR LESS) APPLICATION REQUIREMENTS:

This application should be submitted to the Land Use Review Division, 30 S. Nevada Ave. Suite 105, Colorado Springs, CO 80903. This application must be completed in full and accompanied by the following information and updated within 3 days in the event of changes:

1. Completed Permit Application
2. \$119 check payable to the City of Colorado Springs, payments can be taken by card as well (no Amex or Discover)
3. Proof of City Sales Tax License (A sales tax license is **not required** if short term rental is posted only on AirBnB)
4. Completed Self-Inspection Checklist signed by property owner
5. Proof of at least \$500,000 in liability insurance (Proof can be provided by hosting platform contract acknowledging insurance coverage through the platform i.e. AirBnb/VRBO, policy information, or other documentation)
6. Proof of listing on hosting platform i.e. AirBnb/VRBO.
7. The Planning & Community Development Department may require **additional information** for this application as needed.

If you are renting out/listing two (2) separate units on a property (e.g. unit in your back yard, and a room within your house) you will need two (2) separate permit applications and will need to pay two (2) separate permit fees.

In the permitting of such use, or in the renewal of a permit, the Manager, Planning Commission or City Council shall have authority to require such reasonable conditions as necessary to protect the public health, safety and general welfare and to ensure that the use, value and qualities of the neighborhood surrounding the proposed location will not be adversely affected.

PROPERTY OWNER INFORMATION

Name: Ian Kallenbach Telephone: 719-238-5246

Address of Short Term Rental: 1425 Winding Ridge Terrace City Colorado Springs

State: Co Zip Code: 80919 Property Tax Schedule Number: 7311103038

E-mail: Ian.Kallenbach@gmail.com

CHECK ALL THAT APPLY:

- This is my primary residence.
- I do not live at this property. My Primary address is listed below.
- I live in this residence half of the year and travel the other half of the year. (e.g. Living in Arizona for part of the year)
- I will be present during a majority of the rental period (I will be living on the property)
- I will not be present during a majority of the rental period (I will be living on a different property)
- I am renting out an accessory dwelling unit. (e.g. converted garage, mother-in-law suite, cottage)
- I am renting the whole house.
- I am renting rooms within the house. (If renting multiple rooms you must be in a zone that allows for multiple units)

Primary Address: 8111 Vall. Farm Rd City Fountain

State: Co Zip Code: 80817

APPLICANT CONTACT INFORMATION:

Complete this section if the applicant is not the property owner.

Name: Andrew M Wood Telephone: 757 870 9273

E-mail: andrewwood@icloud.com

PROPERTY OWNER AUTHORIZATION FOR SUBMITTAL & CORRESPONDENCE

Complete this section if the applicant is not the property owner.

I hereby authorize Andrew Wood to file this application to the City of Colorado Springs for processing.

[Signature] Signature of Property Owner Date 2/24/19

LOCAL EMERGENCY CONTACT:

During the term that the Short Term Rental is occupied, the following person must be available 24 hours a day 7 days a week and able to respond to an emergency on the property within one (1) hour. This can be the property owner.

REQUIRED CONTACT:

Primary Emergency Contact Name: Andrew Wood Telephone: 757 870 9273
Secondary Telephone: _____
Address: 827 E Willamette Ave City Colorado Springs
State: Co Zip Code: 80903 E-mail: andrewwood@icloud.com

By checking this box I am aware that I am the primary local 24 hour emergency contact for this Short Term Rental property and am able to respond within one (1) hour to this property in case of an emergency. I also acknowledge that my contact information will be publically available.

[Signature] Signature of Primary Local Emergency Contact Date 07/24/19

RECOMMENDED SECONDARY CONTACT:

Secondary Emergency Contact Name: Ian Kallenbach Telephone: 719-238-5246
Secondary Telephone: _____
Address: 8111 Valli Farm Rd City Fountain
State: Co Zip Code: 80817 E-mail: ian.kallenbach@gmail.com

By checking this box I am aware that I am the secondary local 24 hour emergency contact for this Short Term Rental property and am able to respond within one (1) hour to this property in case of an emergency. I also acknowledge that my contact information will be publically available. **THIS NUMBER SHOULD DIFFER FROM THE PRIMARY'S.**

[Signature] Signature of Secondary Local Emergency Contact Date 2/24/19

PERMIT STANDARDS AND REVIEW CRITERIA (see Ordinance 18-112 for more information)

Planning & Development may approve or modify and approve an application for a Short Term Rental permit if the following standards and criteria are met. Initial on the line next to the following statements confirming your understanding of the following criteria:

IK Sleeping quarters for short term tenants shall not be in non-residential areas within buildings or accessory structures (e.g. shed, garage, etc.) that do not contain finished living space; or in commercial (office/retail) or industrial (warehouse) spaces; or outdoors (e.g. tent, etc.); or in a recreational vehicle.

IK Limit one short-term rental unit within each lawful dwelling unit located on a property, up to a maximum of four (4) short term rental units per property; or in the event of condominiums or buildings held in similar common ownership, each owner shall be limited to two (2) short term rental units per property. Entities under common control shall be considered a single owner for the purpose of evaluating ownership of dwelling units.

IK A sales tax license shall be obtained from the City's sales tax office. (A sales tax license is **not required** if short term rental is posted only on AirBnB)

IK The owner must maintain weekly residential trash collection services. Outdoor trash bins must be screened from public view or kept inside of a structure or garage.

IK The owner shall maintain and provide proof of property liability insurance in the amount of not less than \$500,000, or provide proof that property liability coverage in an equal or higher amount is provided by any and all hosting platforms through which the owner will rent the short term rental unit. Proof of liability insurance is not required if short term rental reservations are handled exclusively by hosting platforms (websites) that extend liability coverage of not less than \$500,000 under terms acceptable to the Manager.

IK Short term rental units must remain compliant with all planning, zoning, building and other City codes. If a dwelling unit (apartment/suite) is located within an apartment building then the entire property (including other dwelling units) must be compliant and not subject to Code Enforcement.

IK All short-term rental tenants shall abide by all applicable noise, housing and public health ordinances of the City and with all other City fire and safety ordinances.

IK Parking in private driveways shall be utilized first with overflow parking on the street where permitted. Parking on-site in non-driveway areas (i.e. front yard areas, parkways and rear-yards) is prohibited.

IK No meals shall be prepared for or served to the renter by the owner or the owner's agents.

IK Use of the short-term rental home for any commercial or large social events or gatherings, such as weddings, is prohibited.

IK The City issued permit with all local contact information and emergency safety information shall be prominently displayed within the short term rental unit.

IK The City issued permit number shall be used in all rental marketing materials.

OWNER / APPLICANT ACKNOWLEDGEMENT OF RESPONSIBILITIES:

The signature(s) below certifies that the information provided on this form is in all respects true and accurate to the best of my (our) knowledge and belief. I agree that I have received a copy of the Zoning Ordinance requirements concerning Short Term Rentals, understand the described regulations and agree to abide by them. I also understand that should the Short Term Rental become a nuisance, hazard or unreasonably interfere with the quiet enjoyment of other people's premises, in accordance with 7.5.1707, that this Short Term Rental Permit will be revoked by the City of Colorado Springs.

[Signature] _____ Date 7/24/19

Signature of Property Owner

Date

[Signature] _____ Date 07/24/19

Signature of Applicant (if applicable)

Date

ADDITIONAL SHORT TERM RENTAL INFORMATION:

FORMAL REVIEW TIME PERIOD

- If submitted in person at the Land Use Review Office (30 S. Nevada Colorado Springs, CO 80903 Ste. 105) between the hours of 8am and Noon Monday-Friday the permit will be issued over the counter. Permits received outside of these hours will be processed within three (3) business days. Applications may also be submitted via email to ShortTermRentals@coloradosprings.gov and payment can be taken over the phone by calling (719) 385-5905.

RENEWALS

- The Short Term Rental unit permit is valid for one (1) year from the date of issuance. The permit may be renewed for additional one (1) year periods upon receiving an updated application (if information has changed) and the \$119 permit fee.

PERMIT REQUIREMENTS

- The permit does not run with the property but is issued to the specific owner. The permit shall not be transferred or assigned to another individual, person, entity, or address. The permit does not authorize any person, other than the person named therein, to operate a short-term rental home on the property.

PUBLIC NOTIFICATION

- Staff recommends notifying adjacent neighbors if you are operating a short term rental to provide them with the Good Neighbor Guidelines and emergency contact information. Sample notification template is available on the Colorado Springs website.

STAFF REVIEW:

Payment Received **Yes / No** Cash Check CC Date: 8.8.19 Date Permit Issued: 8.8.19
Insurance: Hosting site Other Self-Reporting Checklist: **Yes / No**
Sales Tax License Number: _____ Property Zoning: PUD HS
Staff Signature: [Signature]



PLANNING & COMMUNITY DEVELOPMENT DEPARTMENT
SHORT TERM RENTAL SELF-INSPECTION

Questions? www.coloradosprings.gov/STR or (719) 385-5905

Owner Name: Cliff Date: 7/24/19

Address of Short Term Rental: 1425 Winding Ridge Terrace Colorado Springs Co 80919

SALES TAX ACKNOWLEDGEMENT

Please check one of the following.

- I am only hosting my short term rental on AirBnB and have therefore not provided a Sales Tax License number. (AirBnB collects sales tax on the City's behalf)
- I am hosting my short term rental on multiple websites and have provided a Sales Tax License number.

GENERAL INFORMATION ACKNOWLEDGED

Owner to initial each line.

IK The tenants will be provided a parking diagram or verbal description verifying the location of all parking spaces available for the short term rental and the diagram will be posted in a prominent location within the short term rental. The designated parking spaces will be available for use by short-term rental tenants.

IK Operation of the short term rental will comply with Good Neighbor Guidelines; the Good Neighbor Guidelines will be provided to tenants in the rental agreement and by posting it in a prominent location within the short term rental.

IK The approved permit for the short term rental will be posted in the interior of the dwelling adjacent to the front door.

IK I (we) have read and understand Colorado Springs Municipal Code regulating Short Term Rental Units (Title 17, Chapter 7)

IK I have checked with my HOA or Neighborhood Association regulations and have ensured that a Short Term Rental is allowed in the area.

(Please complete next page)

EXTERIOR SAFETY

- IH House number visible from the street.
- IH All deck and stair rails and guards are attached and capable of supporting imposed loads.
- IH All exits unobstructed and clear and maintained that way at all times.
- IA Window wells serving basement sleeping rooms be provided with escape ladders and operable windows so as to allow for secondary egress from the room in the event of a fire. (2015 IFC 1030.1)

INTERIOR SAFETY

- IH ABC 2.5 lb. fire extinguisher in plain view within 6 feet of the oven/stove if gas appliances are installed and must be certified annually.
- IH Smoke alarm should be installed and maintained in each sleeping room and immediately outside each sleeping room such as in a corridor, hallway or great room serving the individual sleeping rooms. (2015 IFC 907.2.11.2)
- IH Carbon monoxide detector installed and maintained within 15 feet of sleeping rooms.
- IH Stairs are free of tripping hazards.
- IH Hallways unobstructed and clear and maintained that way at all times.
- IH At least one working bathroom with water closet, lavatory, and shower or bathtub.
- IH Bathroom and kitchen electrical outlets should be GFI protected. (IBC)
- IH All occupied rooms have working electrical outlets and lighting fixtures without extension cords.
- IH Extension cords are not used as permanent wiring. (2015 IFC 605.5)
- IH Exposed wiring, etc. shall be eliminated. (2015 IFC 605.1)
- IH Check completed for general fire hazards: exposed wiring, presence of extension cords on appliances, clean dryer ducts, etc.
- IH Heating and water heating system maintained and operational.
- IH Building permits and final approvals have been received for remodeling work.

I (we) understand that providing false information in this application shall be a violation of the City of Colorado Springs Municipal Code, and shall be grounds to deny the application, void the approval, and revoke a Short Term Rental Unit permit issued for the property. OR

I hereby certify under penalty of perjury pursuant to the laws of the State of Colorado that the above items have been checked and were found to be in good working order.

Owner (Sign):



Owner (Print):

Ian Halksbach