



Short Term Rental Information

This packet contains application materials and information that will aid you in complying with the City of Prescott's Short Term Rental (STR) Regulations, as stated in Ordinance 14, Section 17A-19. Review these documents carefully to ensure that you are in compliance. Please use the checklist below as a step-by-step guide to completing your STR application.

1. Complete the Good Neighbor Notification/24-Hour Contact forms and distribute to all surrounding neighbors for approval with signatures. STR Operators must have written consent from all surrounding neighbors (those with properties abutting, directly across and diagonally across the street). Have them also sign and date your STR Rental Operator Acknowledgement.
2. Complete the Conditional Use Short Term Rental application.
3. Complete the Business License application.
4. Include the \$500 annual permit fee with your application. Checks can be made payable to the City of Prescott. Full payment will be refunded if permit is not granted. Note: No additional Transient Room Taxes will be collected.
5. Include the \$100 annual business license fee with your application. Checks can be made payable to the City of Prescott. Full payment will be refunded if license is not granted.
6. Please acknowledge that you have read and understand all instructions outlined in this packet by initialing and signing the Short Term Rental Operator Acknowledgement. Please submit this with your application.
7. Submit your completed packet to Prescott City Hall, 72742 Blakely Street, Rainier, OR 97048. You will be notified with your approval or denial after proper committee review.

Short Term Rental Conditional Use Permit Application

This section is for city staff use only

Date Received: _____ Received by: _____

Payment for permit received : \$ _____ Check # _____

Date approved/denied: _____ PERMIT NUMBER: _____

Property Owner/STR Operator's Name(s): _____

STR Street Address: _____

Mailing Address if different from above: _____

Phone: _____ Email: _____

Type of rental (check one): Separate dwelling detached _____ Dwelling attached _____

Portion of home only to be rented _____

Please describe your proposed short term rental:

Bedrooms _____ Bathroom _____ Kitchen _____ Other _____

Please list all STR Listing Platforms (i.e. AIRbnb) with your account name/information

Is there an Accessory Dwelling on site? _____ If yes, permit # _____

(Note in some cases, ADUs may not be used for STRs)

Local 24 Hour Contact Representative/Emergency contact who can respond to complaints within 30 minutes travel time

Name: _____ Phone: _____

Text if different than phone: _____

Email: _____

Address: _____

I, _____ City of Prescott Building Official,
have reviewed the above proposal and submitted it to the building committee. I find
the proposed use is compatible with acknowledged local planning requirements. This
application is approved as proposed above including the attached additional
requirements if applicable.

Signature: _____ Date: _____

City of Prescott Business License Application

This section is for city staff use only

Date Received: _____ Received by: _____

Payment for license received : \$ _____ Check # _____

Date approved/denied: _____ LICENSE NUMBER: _____

Property Owner Name(s): _____

Street Address: _____

Mailing Address if different from above: _____

Phone: _____ Email: _____

STR Address if different from above: _____

Business Activity: _____

Name (please print)

Signature

Date

I, _____ City of Prescott Official, have reviewed the above proposal and submitted it to the building committee. I find the proposed use is compatible with acknowledged local planning requirements. This application is approved as proposed above including the attached additional requirements if applicable.

Signature: _____ Date: _____

Short Term Rental Operator Acknowledgement

I have read and understand all information outlined in this packet. Initials: _____

I have accurately displayed 24-Hour Contact Information and Good Neighbor Guidelines in my STR. Initials: _____

Surrounding neighbors (those with properties abutting, directly across and diagonally across the street) have been notified of my intentions to have an STR and have received my 24-Hour Contact information. Initials: _____

Signature of neighbor #1 _____

Signature of neighbor #2 _____

Signature of neighbor #3 _____

Signature of neighbor #4 _____

Signature of neighbor #5 _____

I have completed a home safety/fire inspection in my STR and it is in compliance with safety, building and fire codes. Initials: _____

All bedrooms in my STR have working smoke detectors. Initials: _____

Carbon monoxide detectors are in place per code. Initials: _____

I understand that I will be billed appropriately for city water usage. Initials: _____

I will provide regular solid waste collection for my STR. Initials: _____

I have contacted my insurance carrier to make sure I have appropriate insurance coverage for my STR. Initials: _____

I have provided appropriate off street parking for my STR tenants. Initials: _____

I understand that I must be in compliance with any required county and state Transient Room Taxes. Initials: _____

I understand that providing false information in this application shall be a violation of the City Municipal Code, and shall be grounds to deny the application, void the approval, and revoke STR permit. Initials: _____

_____	_____	_____
Name (please print)	Signature	Date

Dear Neighbor,

This letter is to make you aware that I am applying for a Short Term Rental (STR) Conditional Use Permit as permitted by the City of Prescott's Municipal Code. As part of the permit application process, I am required to have your signature on my application. If you have a legitimate concern about this, please contact someone on the city council. I am providing you with 24 Hour Contact information in case of an emergency or you have a complaint while a tenant is there. I understand that I (or my designated contact person) must respond to all complaints or emergencies within 30 minutes.

My name _____ Phone/Text: _____

Email: _____

The address of my STR is: _____

My designated local property contact person is (in case I am not available):

Name _____ Phone/Text: _____

Email: _____

Sincerely,

STR Operator/Property Owner Signature.

Date

cut here

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