



STR Permit No: _____
UBI No: _____

CHELAN COUNTY
DEPARTMENT OF COMMUNITY DEVELOPMENT
316 WASHINGTON STREET, SUITE 301, WENATCHEE, WA 98801
TELEPHONE: (509) 667-6225

SHORT-TERM RENTAL RENEWAL APPLICATION

Parcel Number (APN): _____
Parcel Address: _____ **City/Zip:** _____
Property Owner(s): _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____
Please check preferred contact method ☐ Mailing ☐ Email
Only 1 dwelling per parcel may be short-term rental. If so, please designate: ☐ Main Dwelling ☐ ADU
If STR is in ADU, Address of ADU: _____
****ATTACH PROOF OF STR SIGN OR REQUIRED PROOF OF ANNUAL MAILING FOR THOSE WITH SIGN VARIANCE****

Applicant: _____
Company Name: _____
Mailing Address: _____
City/State/Zip: _____ **Phone:** _____
E-mail: _____

Short-term Rental Permit Renewal for year: _____
Fees: per fee table in Chelan County Code 3.24. Inspection fees, if needed, are separate.
Is there a fire pit or other burning device on the parcel? ☐ Yes ☐ No
(Devices must have capability of being locked to prevent use during high fire risk)
Have any of your water/sewage/solid waste providers changed since last year? ☐ Yes ☐ No
If yes, please specify below:
Sanitation Disposal: ☐ Septic Permit # _____ ☐ Sewer District: _____
Water Source: ☐ Single Private Well ☐ Shared Private Well ☐ Public Water Supplier: _____
Year-round solid waste receptacles and pick-up provided by: _____
NOTE: All permits expire December 31st of the year issued. Annual renewal window is September 1 – October 31 of the year preceding the year for which you are applying. Renewals received after October 31 but before December 31 will have late fees assigned. No renewals accepted after December 31.
Chelan County makes no representations that applications will be kept confidential. Applications are subject to public disclosure laws such as RCW 42.56 and Chelan County Code, Chapter 1.376.

Local Contact Information (Qualified Person):

Name: _____
Phone Numbers: Home: _____ Cell: _____
Physical Address: _____
Email: _____

(Short-term Rentals shall provide a local contact person who can respond within 1 hour (60 minutes) 24 hours a day, 7 days a week. Contact information shall be provided as per Chelan County Code or code of UGA in which property is located.)

Ⓢ FOR OFFICIAL USE ONLY Ⓢ

Received By & Date:	Zoning Approval & Date:	Comments:	Final Fees Paid:
---------------------	-------------------------	-----------	------------------

ACKNOWLEDGEMENT AND CERTIFICATION

I understand, acknowledge and certify the following: *(Please read each item carefully before initialing.)*

Owner Applicant I acknowledge and understand that short-term rentals are any unit being rented for less than thirty consecutive days and shall be permitted as identified in Chelan County Code (CCC), Section 11.88.290. I am limited to renting only one (1) designated dwelling unit per parcel. All short-term rental permits expire December 31st of the year issued. I understand that my permit must be renewed annually or I lose my permit status and must start the application process over as a new applicant.

Owner Applicant I acknowledge and understand that overnight occupancy of the STR cannot exceed the amount on issued permit, that daytime occupancy cannot exceed tier level allowance unless a Conditional Use Permit (CUP) has been issued to the property and is on file with the STR Department

Owner Applicant I acknowledge and understand that all short-term rentals shall be immediately and continuously compliant with sewer/septic permitting for allowed number of bedrooms/occupancies, insurance requirements, and Fire & Life Safety inspection(s). I shall comply with CCC section 11.88.290 and all applicable building, sewage, and fire codes (as amended).

Owner Applicant I acknowledge and understand that all short-term rentals shall provide year round solid waste receptacles and pick up service. Trash cans on the right-of-way shall be removed within twelve (12) hours of pickup and that noise emanating from any use shall be in conformance with CCC, Section 7.35.

Owner Applicant I acknowledge and understand that all short term rentals shall provide at least one (1) off-street parking space per rented bedroom, outside of any recorded access easements, plus one (1) for any owner/caretaker/qualified person who lives on site. Additional off-street parking spots must be provided if STR also has a CUP as designated by Chelan County Code.

Owner Applicant I shall, as designated in CCC 11.88.290(3)(G), display and maintain the address of the residence so that it is clearly visible from the street or access road in compliance with Section 10.20.520 requirements. STRs must also display and maintain an additional sign outside identifying the property as a short term rental displaying the Chelan County short-term rental permit number and contact phone number of their qualified person required by the County. The sign must not exceed eight (8) square feet in area, if illuminated must be indirectly illuminated, letters/numbers must be a minimum of four (4) inches in height, and sign must be all-weather and permanently posted

Owner Applicant I certify that I am the property owner, or authorized agent of the property owner, and I have familiarized myself the short term rental code of Chelan County with respect to making this application and that I possess full legal authority and rights necessary to exercise control over the subject property. I further certify that this application has been made with the consent of the lawful property owner(s) If applicant different than owner.

Owner Applicant **I acknowledge and agree that my short-term rental permit expires each year on December 31 and that I am required to apply for renewal between September 1 – October 31 each year I intend to keep the STR permit.**

Owner Applicant I acknowledge and agree that updated photographic proof of required signage is required every year as part of the renewal process. If permanent contact information changes during the permit period, the information must change on the sign and be provided to the Department. If granted a sign waiver, I must provide proof of annual certified mailings as prescribed with a copy of the letter sent.

Owner Applicant I acknowledge and understand that any violation of Chelan County building or zoning regulations, as well as any violation of any provisions of a short-term rental permit is subject to enforcement pursuant to CCC, Title 16. Enforcement actions may be brought against the owner of the vacation rental home for the conduct constituting the violation.

Owner Applicant I acknowledge and understand that if the property listed on this application is part of a Home Owners Association (HOA) or neighborhood covenant prohibiting the operation of an STR that those are civil matters the County does not participate. If the STR is not allowed to operate due to an HOA or covenant agreement, application fees are non-refundable.

Owner Applicant I acknowledge and agree that the assigned STR permit number must be included in all advertisements and I will ensure its prominent display on any online platforms and other forums for rental (AirBnB, VRBO, Craigslist, poster, etc.) and on marketing materials such as brochures and websites.

Owner Applicant **I acknowledge/understand that: when/if an STR permit is issued, a signed copy of the permit must be returned promptly.**

Owner Applicant I acknowledge and agree that the County will endeavor to use the preferred method of contact for individual issues regarding their short term rental or related applications but the County reserves the right to use other methods of communication at their discretion for bulk noticing. It is my responsibility to ascertain contact information is kept current at all times.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true, correct and complete.

Owner Signature (Required): _____ Date: _____

Print Name: _____

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true, correct and complete.

Applicant Signature (Required): _____ Date: _____

Print Name: _____