

Short-Term Rental

Temporary Use Permit Application Form



REQUIRED BEFORE YOU SUBMIT YOUR APPLICATION:

- Review the *<Short Term Rental Interim TUP Policy>* and eligibility requirements, as well as newly adopted STR *<business licence bylaw>* regulations and licensing requirements; and
- Prepare all of the required documentation for your application for submittal with your application form and fee.

OFFICE USE ONLY:

Date Received: DD / MM / YYYY

Time (00:00h): _____

File No.: _____

Project No. _____

APPLICATION REQUIREMENTS:

☐ Completed Application Form

☐ Current State of Title *

*please check here if you wish the District to provide this document on your behalf.
An additional **\$20 fee (+ tax)** will be incurred.

☐ Proof of Residence*

***Full Time Residency:** Per policy, TUPs will only be considered for STR Operators living 9 months/year or more at the subject property (either within Principal dwelling, or the Secondary Suite or Accessory Dwelling Unit).

Please attach two (2) of the following for confirmation of residency:

- Driver's licence with address
- Copy of Residential Tenancy Agreement (if renter)
- Recent utility bill
- Any mail from Medical Services Plan or Canada Revenue Agency
- Vehicle registration documentation
- Landlord Consent Form (if renter)

☐ Non-refundable application fee *

*the application fee will be deducted from the total fee should your application be shortlisted for processing.
*once your application is received electronically, you will be contacted for payment instructions.

PROPERTY INFORMATION:

Civic Address: _____ PID: ____-____-____

APPLICANT/STR OPERATOR DETAILS:

Full Name: _____

Mailing Address & City: _____

_____ Postal Code: _____

Phone: _____ Email: _____

PROPERTY OWNER DETAILS (if different from applicant above):

Full Name: _____

Mailing Address & City: _____

_____ Postal Code: _____

Phone: _____ Email: _____

SECONDARY SUITE & ACCESSORY BUILDING (WHERE APPLICABLE):

SPECIFICATION			
Principal Dwelling Gross Floor Area:	m ²		
Secondary Suite Gross Floor Area Ratio:	m ²	Accessory Building Gross Floor Area Ratio:	m ²
Front Yard Setback:	m	Front Yard Setback:	m
Rear Yard Setback:	m	Rear Yard Setback:	m
Side Yard Setback (interior):	m	Side Yard Setback (interior):	m
Side Yard Setback (exterior):	m	Side Yard Setback (exterior):	m

PARKING PROVISION	BYLAW REQUIREMENT	EXISTING ON-SITE
Number of Off-Street Parking Spaces (refer to <i>Zoning Bylaw, Section 40: Parking</i>):	<ul style="list-style-type: none"> STR regulations require 1 space for every 2 bedrooms of STR accommodation (to a max of 3 spaces) # of bedrooms (STR): _____ 	# parking stalls: Principal Dwelling: _____ STR Unit: _____

I/we hereby represent and warrant to the District of Squamish, knowing that the District relies on this representation and warranty, that the property covered by this application has never, to the best of my/our knowledge having made due and diligent inquiry, been used for any purpose such that a site profile is required to be submitted under the *Waste Management Act (British Columbia)* and that the property is not contaminated or polluted in any way that would make it unlawful, unsafe, or unsuited for the purpose for which it is to be used, including within the meaning of the *Waste Management Act (British Columbia)*.

I/we have attached to this Application all required documents plus all required fees, and hereby agree to submit further information deemed necessary for processing this Application.

The information on this form is collected under the authority of the *Development Procedures & Fees Bylaw (1446, 1997)* and is used to process your application. If you have any questions about the collection and use of this information, please contact the Information and Privacy Coordinator at the District of Squamish on 604.815.5006 or email privacy@squamish.ca.

_____	_____	DD / MM / YYYY
Full Name of Applicant (please print)	Signature of Applicant	Date
_____	_____	DD / MM / YYYY
Full Name of Primary Owner (please print)	Signature of Primary Owner	Date
_____	_____	DD / MM / YYYY
Full Name of Secondary Owner (please print)	Signature of Secondary Owner	Date

**IMPORTANT: APPLICATIONS
ARE NOT ACCEPTED UNLESS
COMPLETE, WITH THE
REQUIRED FEES AND
DOCUMENTS.**

OFFICE USE ONLY:

Application Fee: \$ _____ Date Fee Received: DD / MM / YYYY

Receipt No.: _____ CP Representatives' Initial: _____

Delegated? ☐ No ☐ Yes ☐ Requires further review

Did property receive BP fee exemption for Secondary Suite or ADU between January 20, 2016 and January 31, 2019? YES/NO

If Yes, note fee exemption for repayment (STR TUP condition):

Building Permit Fee Exemption \$ _____ DD / MM / YYYY