



SHORT TERM RENTAL LICENSE APPLICATION

Applicant Name(s): _____

(If the Dwelling Unit is owned by a corporation or other entity, legal documentation, acceptable to the City, detailing the names of all Persons with any ownership interest in the entity shall be submitted with the application.)

Mailing Address: _____

Phone Numbers: _____

Email Addresses: _____

Street Address of Short Term Rental: _____

Please supply the information requested below and initial to the left of each item to affirm that the statement is correct.

License is for (select one):

_____ **Vacation home rental:** the transient rental of an entire dwelling unit, including kitchen, bath and bedroom(s). This license does not apply to bed and breakfasts, hotels, motels or the like.

_____ **Hosted Home Share:** transient rental of a portion of a dwelling while the homeowner is staying in the dwelling while lodgers are present.

_____ Number of bedrooms as defined in Port Orford Ordinance 15-23: _____

_____ Each bedroom has an emergency egress window or door.

_____ Every bedroom has a smoke detector that is interconnected with a smoke detector in an adjacent hallway, common area, or in the immediate area of the bedroom.

_____ A carbon monoxide detector is installed within 15 feet outside of each bedroom door.

_____ The number of off street parking spaces provided if rental is located in residential zones 1-R and 2-R (one per bedroom required): _____

_____ Solid waste collection with assisted pickup is established.

_____ I have notified neighbors or posted a sign as per 5.05.080.

_____ If this License Application is for a short term rental in residential zones 1-R and 2-R and was not lawfully preexisting (see 5.05.100) before September 17, 2023, the City will not issue a new STR License if there is currently another licensed STR operating on a property within 300 feet. (see 5.05.040).

Distance between my property and the closest established STR property: _____ feet (1-R and 2R only). See City Hall for STR Map and list.

Owner(s) (Include all persons with any ownership interest in this dwelling unit. Add an additional sheet if necessary).

Name	Address	Phone	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALL PERSONS WITH ANY OWNERSHIP INTEREST IN THIS DWELLING UNIT MUST SIGN BELOW.

I (We) hereby declare under penalty of perjury under the laws of the State of Oregon that the foregoing information is true, complete, and accurate. All current property owners and all contract purchasers must sign the application. I (We) have read and fully understand, and agree to meet, the criteria for a short-term rental use as stated in Chapter 5.05 of the Port Orford City Municipal Code and reflected in this application. I (We) hereby acknowledge the City of Port Orford’s Right to Inspect outlined in 5.05.070 for purposes of inspections and other items related to the short term rental.

I (We) acknowledge that providing false information in the application shall be a violation and grounds to deny the application, void the approval, enjoin the use, and revoke a short-term rental operating license issued for the dwelling under Chapter 5.05 POMC.

Applicant Name(s): _____

BY MY SIGNATURE:

1. I certify that the information on this application is accurate and that I will notify the City of Port Orford should there be any changes 14 days prior to the change.

2. I state my understanding that it is unlawful to rent or to advertise for rent on a short-term basis this or any other property inside the City of Port Orford without first obtaining and posting a current Port Orford Short-Term Rental License (operating license) as required in Port Orford Ordinance 15-2023.

Owner's Signature

Date

Co-owner's Signature

Date

Co-owner's Signature

Date

Co-owner's Signature

Date

Co-owner's Signature
(Add sheet if necessary.)

Date

Application Fee to Be Submitted with The Application Packet:

Initial Application	\$480	\$ _____
Per Bedroom Fee	\$75 X _____ (number of bedrooms)	\$ _____
Annual Renewal	\$360	\$ _____
	Total	\$ _____

All application fees to be submitted with the Application Packet

Incomplete application packets will not be accepted or processed. After one resubmittal, all additional submittals for the same property shall require payment of additional fees.