



APPLICATION  
for SHORT-TERM RENTAL PERMIT

Map and Tax Lot: _____	
STR Permit Number: _____	
Issued by: _____	Date: _____
Permit Fee: _____ TBD	
New <input type="checkbox"/>	Renewal <input type="checkbox"/>
STR Application Fee Only: \$500	
CC / Cash / Check No. _____ By: _____	

Dunes City Code, Ordinance Number 256-B, defines short-term rentals as any portion of a property rented for less than 30 consecutive days.

**FYI:** More than 2 complaints, permit will become **VOID**. It will be 12 months before you can resubmit a new application.

**Oregon law requires a Land Use Compatibility Statement (LUCS) and a Dept. of Environmental Quality (DEQ) Authorization to Use Existing Systems (OAR 340-071-0205) for any change of use (a change from single-family residential use to vacation rental/commercial use or short term rental)**

Property Address of proposed STR: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner email: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Occupied? Yes  NO

Maximum Guest Overnight: \_\_\_\_\_ Whole House Rental? Yes No

Maximum Number Day Use Guests: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of off-Street Parking Spaces: \_\_\_\_\_

**Emergency Vehicles MUST be able to reach the residence and be able to turn around, or this application will not be approved.**

Garbage Collection Day: \_\_\_\_\_ **MUST BE PICKED UP WEEKLY** H.O.A.? Yes  No

Dunes City Code requires each short-term/transient rental owner to provide a local contact , who can be at the rental property within fifteen (20) minutes of receiving a call for complaints or maintenance emergencies, 24 hours a day, seven days a week, including holidays. Please provide the local contact information below:

**Local Contact Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
 Email: \_\_\_\_\_  
*If any information on this form changes, please update Dunes City records within 10 business days, or 30 calendar days, whichever is less. By signing below, I/we affirm that all information provided on this form is accurate and current.*

Print Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If there are more owners please sign and date on the back page, ALL OWNERS MUST SIGN: