



# DEPARTMENT OF RESOURCE MANAGEMENT

## Planning Division

1855 Placer Street, Suite 103

Redding, California 96001

Phone: (530) 225-5532 Fax: (530) 245-6468

Web: [planning.co.shasta.ca.us](http://planning.co.shasta.ca.us) Email: [resourcemanagement@co.shasta.ca.us](mailto:resourcemanagement@co.shasta.ca.us)

## Vacation Rental Short-Term Rental

(Rev: 08-22-20)

Pursuant to [Shasta County Code Section 17.88.230](#), an application for a Vacation Rental is necessary when a property owner intends to provide, for compensation, overnight accommodations in an entire one-family residence, for a period of 30 consecutive calendar days or less. Please see the [Hosted Homestay application](#) if you intend to provide only room(s) for overnight accommodations and the owner resides in the one-family residence while the room(s) is being rented.

Vacation Rentals are permitted in all zone districts that permit a one-family residence by right, and in the Mixed Use District, provided that all required permits have been secured. Vacation Rentals shall comply with all applicable requirements of [Shasta County Code Section 17.88.230](#).

### The following items are required to be submitted prior to approval and operation of a Vacation Rental:

- One completed "Planning Permit Master Application" form
- One (1) site plan showing all of the items listed on the attached example and the following:
  - On-site parking location(s) with dimensions and vehicular access
  - Trash receptacle locations
- One (1) floor plan which does not have to be professionally drawn but must be reasonably accurate and include the following:
  - The entire one-family residence with each room labeled by use (kitchen, bedroom, bathroom, etc.)
  - The room or room(s) to be rented must be clearly marked.
- Name, address, telephone number(s), and email address of a local contact person capable of responding physically to the Vacation Rental property within 60 minutes of receiving a call (if other than the property owner)
- Proof of fire inspection conducted within one year of application submittal by the local fire protection agency or CAL FIRE prior to issuance of this permit.
- A copy of the Certificate of Uniform Transient Occupancy Tax for the Vacation Rental from the Shasta County Tax Collector.
- Proof of current, valid liability insurance for the property
- Payment of required fees adopted by the Board of Supervisors



# DEPARTMENT OF RESOURCE MANAGEMENT PLANNING DIVISION

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## PLANNING DIVISION MASTER APPLICATION

Application No: \_\_\_\_\_

**APPLICANT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**PROPERTY OWNER:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**AGENT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

<u>PROJECT ADDRESS (or specific location)</u>	<u>LOT SIZE (Acreage)</u>	<u>ASSESSOR'S PARCEL NUMBER (S)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TYPE OF APPLICATION**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Administrative Permit Commercial  | <input type="checkbox"/> Use Permit             | <input type="checkbox"/> Interim Management Plan                   |
| <input type="checkbox"/> Administrative Permit Residential | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Planning Director's Zoning Interpretation |
| <input type="checkbox"/> Zone Permit Commercial            | <input type="checkbox"/> Zone Amendment         | <input type="checkbox"/> Pre Application                           |
| <input type="checkbox"/> Zone Permit Residential           | <input type="checkbox"/> Tract Map              | <input type="checkbox"/> General Plan Consistency Determination    |
| <input type="checkbox"/> Certificate of Compliance         | <input type="checkbox"/> Parcel Map             | <input type="checkbox"/> Written Land Use Verification             |
| <input type="checkbox"/> Property Line Adjustment          | <input type="checkbox"/> Reversion to Acreage   | <input type="checkbox"/> Williamson Act Contract                   |
| <input type="checkbox"/> Variance                          | <input type="checkbox"/> Airport Land Use       | <input type="checkbox"/> Minor Modification: _____                 |
| <input type="checkbox"/> Short Term Rental                 | <input type="checkbox"/> Specific Plan          | <input type="checkbox"/> Extension of Time: _____                  |
|  | <input type="checkbox"/> Reclamation Plan       | <input type="checkbox"/> Other: _____                              |

**STAFF USE ONLY:**

Related Applications: \_\_\_\_\_ Fire District: \_\_\_\_\_

Adjacent Zoning/GP: N \_\_\_\_\_ S \_\_\_\_\_ E \_\_\_\_\_ W \_\_\_\_\_

Zoning/General Plan: \_\_\_\_\_ Project Description: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Generally, Zoning Permits and Residential Administrative Permits will not require the completion of the following sections: "Hazardous Site Review Statement", "Hazardous Materials Disclosure Statement", or "Military Land Use Compatibility", as part of this Application Form. These sections must be completed for all applications that require Planning Commission and/or Board of Supervisors approval.

I/We, the applicant, certify that the following responses are true and correct. Yes  No

### HAZARDOUS MATERIALS DISCLOSURE STATEMENT

Government Code Section 65850.2 requires the owner or authorized agent for any development project to disclose whether:

1. Compliance will be needed with the applicable requirements of Section 25505 and Article 2 (commencing with Section 25531) of Chapter 6.95 of Division 20 of the Health and Safety Code or the requirements for a permit for construction or modification from the air pollution control district or air quality management district exercising jurisdiction in the area governed by the County.

Yes  No

2. The proposed project will have more than a threshold quantity of regulated substance in a process or will contain a source or modified source of hazardous air emissions.

Yes  No

### HAZARDOUS SITE REVIEW STATEMENT

Government Code Section 65962.5 (f) requires the applicant for any development project to consult specified state-prepared lists and submit a signed statement to the local agency indicating whether the project is located on an identified site. Under the statute, no application can be accepted as complete without this signed statement.

I/We certify that I/We have investigated this development project with respect to the Cal EPA's Cortese List Data Resources webpage and that my/our answers are true and correct to the best of my/our knowledge. My/Our investigation has shown that:

The project is NOT located on any of the lists compiled pursuant to Section 65962.(e) of the Government Code.

The project IS located on one of the lists compiled pursuant to Section 65962.(e) of the Government Code. Please specify the list, the date of the list, and the property's regulatory identification number:

### MILITARY LAND USE COMPATIBILITY

Using the California Military Land Use Compatibility Analyst website, the owner or authorized agent has determined whether the project is located within 1,000 feet of a military installation, beneath a low-level flight path or within special use airspace as defined in Section 21098 of the Public Resources Code, and within an urbanized area as defined by Government Code Section 65944.

Yes  No

**BY SIGNING THIS APPLICATION, THE APPLICANT/PROPERTY OWNER AGREES TO DEFEND, INDEMNIFY, AND HOLD THE COUNTY HARMLESS FROM ANY CLAIM, ACTION, OR PROCEEDING BROUGHT TO ATTACK, SET ASIDE, VOID, OR ANNUL THE COUNTY'S APPROVAL OF THIS APPLICATION AND ENVIRONMENTAL REVIEW ASSOCIATED WITH THE PROPOSED PROJECT, AS MORE FULLY DESCRIBED IN CHAPTER 1.18 OF THE SHASTA COUNTY CODE.**

**APPLICANT/AGENT:** I have reviewed this application and attached material. The information provided is accurate.  
**If other than the owner, this signature must be accompanied by a Shasta County notarized statement of agency form.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PROPERTY OWNER:** I have read this application and consent to its filing. **THIS SIGNATURE IS REQUIRED**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Shasta County Department of Resource Management  
Planning Division

**SHORT TERM RENTALS SITE PLAN INSTRUCTIONS**

**AN ACCURATE SITE PLAN IS NECESSARY TO PROCESS YOUR PERMIT**

A site plan is necessary to establish a clear “snapshot” record of the correct development and use of the property. It may be helpful to think of how the property would look if you were flying above it and represent this on paper. You might start with an Assessor’s plat map (copies available at the Assessor’s office and at [maps.co.shasta.ca.us/shastacountymap/](http://maps.co.shasta.ca.us/shastacountymap/) for an accurate outline of your property or contact our office to verify if there is copy in our records.

An 8-1/2” x 11” size paper works well for drawing the property outline. Once the property outline is drawn, please draw the existing improvements (driveway, well, septic system, etc.), structures (home, garage, shop, etc.), uses (pasture, orchard, etc.), and features (creeks, drainages, etc.) for the property. Keep size proportionate, write in distances to show location, and label the use of all existing and proposed structures (such as short term rental house, garage, or barn), as well as all items in the list below. (See attached example for guidance.)

Make sure the following are shown on the site plan:

1.  Property owner’s name
2.  Assessor’s Parcel Number for the property
3.  Address of property
4.  North arrow
5.  Square footage and use of all buildings
6.  Septic system and well location
7.  Roads and driveways
8.  Parking locations with dimensions
9.  Trash Receptacle Locations

On the back of this page is an example for guidance.

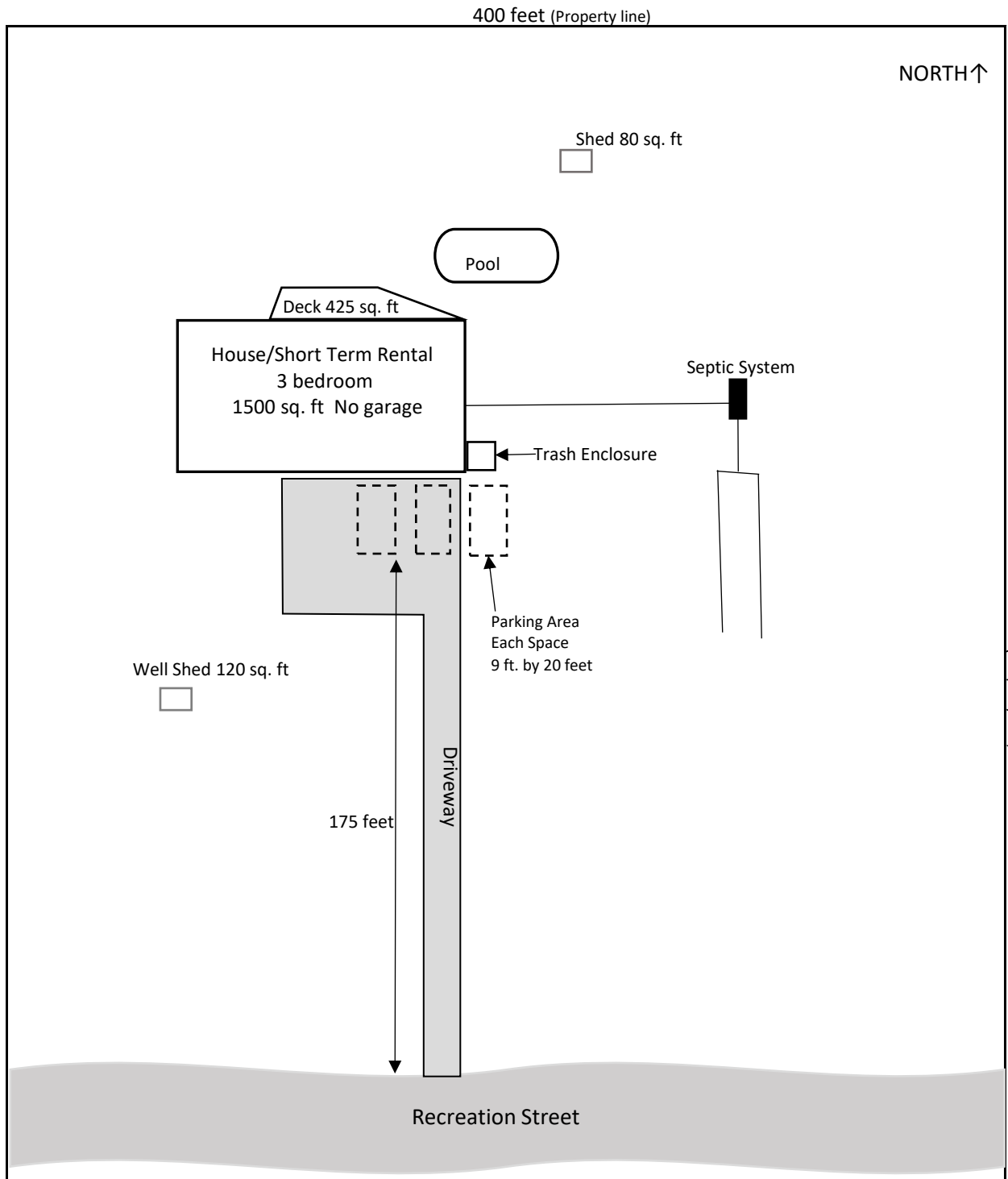
Please ask for help if you have any further questions.

# SHORT TERM RENTAL SITE PLAN EXAMPLE

John and Joan Public  
21687 County St.  
Shasta , CA 96003

ASSESSOR'S PARCEL NUMBER : 123-456-789

Not To Scale





## VACATION RENTAL PERMIT AND LIMITATIONS ON USE

Shasta County Resource Management

Planning Division

(Rev:8-19-20)

STR \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Vacation Rental Permit # STR \_\_\_\_\_ is approved, subjected to the following limitations on use:

1. This permit is granted for the operation of a Vacation Rental in compliance with Shasta County Code (SCC) Section 17.88.230, the provisions thereof, and the limitations of use as described herein, and as shown on the approved site plan (Exhibit A).
2. The requirements of all concerned governmental agencies having jurisdiction by law, including but not limited to the issuance of appropriate permits, shall be met.
3. Annual renewals are required to operate beyond the initial one-year term of an approved Vacation Rental permit; renewal requests and renewal fees must be received no later than one calendar year from approval of this permit and any subsequent renewals.
4. Approved Vacation Rental permits are not transferable to another property or to subsequent property owners unless prior to any transfer an amended permit application is filed with the Department of Resource Management that otherwise meets all of the requirements to operate a Vacation Rental.
5. All advertising for the Vacation Rental shall include the Vacation Rental permit number, the number of County-approved bedrooms, the maximum occupancy, and the transient occupancy tax number.
6. Noise Standards. The Vacation Rental shall comply with the following requirements:
  - a. Property owner or local contact person shall insure that the guests of the Vacation Rental understand that loud or unreasonable noise that disturbs others and that is not in keeping with the character of the surrounding neighborhood will result in a violation of SCC Section 17.88.230.
  - b. Property owner or local contact person shall be available twenty-four hours per day, seven days per week whenever the Vacation Rental is rented to accept telephone calls and respond physically to the property within sixty (60) minutes of receiving a call to address complaints concerning noise levels. Failure to respond to all verifiable complaints will result in a violation of SCC Section 17.88.230.
  - c. Quiet hours shall be observed between 10:00 p.m. and 7:00 a.m., Monday through Friday, and between 10:00 p.m. and 9:00 a.m. on Saturdays, Sundays, and holidays. Outdoor amplified sound is prohibited during quiet hours.



## VACATION RENTAL PERMIT AND LIMITATIONS ON USE

Shasta County Resource Management

Planning Division

(Rev:8-19-20)

7. House policies shall be included in each rental agreement. It shall be the responsibility of the property owner and/or local contact person to enforce all of the requirements of SCC Section 17.88.230 and all house policies. At a minimum, the house policies shall include the following:
  - a. Notify all guests of the Vacation Rental of the noise standards as set forth in section 6 of this permit, and as established in SCC Subsection 17.88.230.F.4; said standards shall be a part of any Vacation Rental agreement.
  - b. Establish on-site parking policies and identify designated parking areas which adhere to the requirements of SCC Subsection 17.88.230.F.8 and as shown on Exhibit A.
  - c. Establish policies and provide information regarding the location of trash receptacles, as shown on Exhibit A, and the trash pick-up schedule. In areas where bears may be present, additional information shall be included on best practices for trash disposal when bears are present.
  - d. Establish policies regarding outdoor burning and all other burn restrictions that meet the minimum requirements as set forth in SCC Subsection 17.88.230.F.7.
  - e. Provide the property owner's and/or local contact person's name, address, telephone number(s), and e-mail address.
  - f. Specify that the Vacation Rental shall not be permitted in any temporary, portable, or other type of structure not permitted by the County for permanent occupancy (e.g., guest house, tent, yurt, and RV).
  - g. Specify that in addition to the property owner and other long-term occupants, between the hours of 10:00 p.m. and 6:00 a.m., daily occupancy of the property shall be limited to a maximum of three guests, excluding children under sixteen years of age, per approved bedroom offered for rent. In addition to the property owner and long-term occupants, between the hours of 6:00 a.m. and 10:00 p.m., daily occupancy of the property shall be limited to a maximum of five guests, excluding children under sixteen years of age, per approved bedroom offered for rent.
8. It is the sole responsibility of the property owner to comply with all applicable conditions, covenants and restrictions (CC&R's).
9. It is the sole responsibility of the property owner to maintain current, valid liability insurance for the property.
10. The Vacation Rental shall meet all applicable building, health, fire and related safety codes and be subject to annual fire inspections.



## VACATION RENTAL PERMIT AND LIMITATIONS ON USE

Shasta County Resource Management

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11. Property owner(s) are required to register the Vacation Rental with the Shasta County Tax Collector and shall be subject to payment of applicable transient occupancy taxes. Transient occupancy taxes shall be paid and kept current in accordance with Shasta County Code Chapter 3.16. Failure to pay such taxes when due shall be grounds for permit revocation or other remedies allowed by Shasta County Code.

Advisory: Vacation Rental operators found to be in violation of the above provisions and/or other provisions of Shasta County Code may be subject to enforcement as described in SCC Subsection 17.88.230.I and/or to all legal remedies available to the county.

**I hereby certify I have read and understand the limitations on use listed above and Shasta County Code Section 17.88.230, pertaining to the establishment of a Vacation Rental at:**

\_\_\_\_\_ (address)

If other than the property owner:

**Local Contact(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

I further agree to abide by the limitations on use listed above.

Property Owner Signature: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

**For County Use Only:**

The Vacation Rental is hereby approved to offer for rent \_\_\_\_\_ bedroom(s) subject to the attached floor plan, site plan and any and all required laws. This Vacation Rental permit is hereby approved, subject to compliance with the limitations on use listed above.

\_\_\_\_\_  
Paul A. Hellman  
Director of Resource Management

\_\_\_\_\_  
Date of approval