

VACATION RENTAL PERMIT PROCESSING WORK ORDER

Date: _____

Vacation Rental Property:

Subject Property Address _____ APN _____

New or Existing Rental? New _____ Existing _____ **In the Live Oak Designated Area (LODA*)?** Yes _____ No _____

*Note: Inside the Live Oak Designated Area (LODA, map attached), which is a special district within the County's jurisdiction, only applications for existing vacation rentals are being accepted before November 28, 2011. For all other areas in the County, applications are being accepted for existing and new vacation rentals until November 28. After November 28, all applications for all areas in the County will be considered as "new".

ALL REQUESTS TO PROCESS EXISTING VACATION RENTAL APPLICATIONS MUST BE RECEIVED BY NOVEMBER 21, 2011.

Requestor/Client Info:

Name _____ Address _____

Phone _____ Email _____

Owner of Subject Parcel Info (if same as above, please write "same as above"):

Name _____ Address _____

Phone _____ Email _____

Required Application Documents: All of the following items/documents must be provided to Hamilton Swift in order for your application to be submitted. Please indicate which items are being provided with this contract:

- Owner-Agent Form (attached)
- 24-Hour Contact Person Info Form (attached)
- Safety Certification Form (attached) – must be completed by property owner, agent, or Certified Home Inspector
- Copy of Rental/Lease Agreement – may require modifications to meet Vacation Rental Ordinance requirements
- Set of plans (site plan & floor plan) – leave unchecked if Hamilton Swift will be preparing plans
- Check made payable to the "County of Santa Cruz" for submittal, amount left blank – required for application submittal
- Existing rentals only:* Proof of operation prior to April 5, 2011 – at least one of the following:
 - Transient Occupancy Tax (TOT) Certificate of Payment
 - Transaction Receipts
 - Guest Register
 - Other _____
- Existing rentals only:* Proof of unpaid TOTs, if applicable
- New rentals only:* Transient Occupancy Tax (TOT) Registration Certificate – must be obtained prior to application submittal

Payment Terms & Fees:

Application preparation and submittal: \$400

Includes:

- Initial ½ hour consultation with client (in-person meeting or phone)
- Collection and review of application materials (modifications to materials where necessary)*
- Preparation of application form and packet*
- Submittal of application to County
- Facilitation of application processing

*Preparation of plans extra (see below)

Preparation of required plans:

\$300 (per unit, under 1,500 sf)

\$350 (per unit, 1,500 sf – 2,500 sf)

\$400 (per unit, 2,500 sf – 3,500 sf)

Includes:

- Site visit and as-built measurements of structure
- Drafting of site plan and floor plan, per County Vacation Rental Ordinance requirements

Plans for units larger than 3,500 sf will be prepared on an hourly basis.

Services not included in above pricing, but can be completed at hourly billing rate:

- Application appeals
- Correspondence with Tax Collector regarding unpaid TOTs
- County Application Fees (\$289 for existing, \$441+ for new)
- Addressing unpermitted work, if applicable

Services not included:

- Building inspection or building code compliance
- Structural inspection
- Verification of property boundaries and topography
- Verification of Title or other deeds information
- Geologic or geotechnical services
- Appraisal of property
- Other services not directly related to Land Use Planning within Santa Cruz County
- Analysis of financial feasibility of development alternatives

TOTAL FEE FOR SERVICE: \$ _____ Deposit due with contract (50%): \$ _____

Remaining 50% of total fee will be collected upon submittal of application.

Please sign and return this contract and we will begin immediately upon receipt of the executed document. By signing this contract, client agrees to the fees and payment terms described herein. Should the executed Agreement not be returned to this office within 30 days from the above date, said terms therein shall remain only at the discretion of Consultants. Please note services beyond the inclusions of this work order can be provided for an additional hourly rate. Thank you for your business, we look forward to working with you on this project.

Sincerely,

Authorized by:

John Swift or Deidre Hamilton
Principal

Sign: _____ Date _____

Print:

OWNER-AGENT APPROVAL FORM

For persons other than the owner who wish to obtain a building, development, and/or other permit, the approval of the owner is required.

This is the County's authorization to issue a permit to the agent listed below:

Agent: Name: HAMILTON SWIFT & ASSOCIATES
 Address: 500 CHESTNUT STREET, SUITE 100
 City: SANTA CRUZ
 State/Zip Code: CA 95060
 Telephone: (831) 459-9992

Owner: Name: _____
 Address: _____
 City: _____
 State/Zip Code: _____
 Telephone: () _____

Date

Signature of Owner

Assessor's Parcel Number(s)

Project Location

Note: One Owner-Agent form will be required for each permit required. In the case where there is more than one owner of a parcel, the owner signing this form represents that he/ she has the consent from all other owners of the parcel. By signing this form, the owner is authorizing the agent to legally bind the owner to responsibility for payment of the County's cost for all actions related to noncompliance with permit conditions. The agent will be required to provide proof of service, by mail, to the owner of a copy of the executed acceptance of permit conditions.

24-HOUR CONTACT

NAME: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY/STATE _____ ZIP _____

PHONE NO.(_____) _____ CELL NO.(_____) _____

FAX No. (_____) _____

EMAIL: _____

VACATION RENTAL SAFETY CERTIFICATION

The following items require verification to assure the vacation rental unit is equipped and maintained to minimum safety standards to help provide for a safe vacation experience. Verification can be performed by owner (self certified), certified home inspector, County Building Inspector or by the property manager/agent. All items must be checked with form signed and dated.

- Smoke alarms** (listed and approved by the State Fire Marshall) installed in the following locations per the 2010 California Residential Code, Sec. R314.1.
 - In each sleeping room.
 - Outside each separate sleeping area in the immediate vicinity of the bedroom(s).
 - At least one alarm on each story, including basements and habitable attics.

- Carbon Monoxide alarms** (listed by an approved agency such as UL) installed in the following locations per the 2010 California Residential Code, Sec. R315.1.
 - Outside each separate sleeping area in the immediate vicinity of the bedroom(s).
 - At least one alarm on each story, including basements and habitable attics but not including crawl spaces or uninhabitable attics.

- Working **GFCI's** (ground fault circuit interrupters) required at all receptacles within 6 feet of all kitchen, bathroom, bar and laundry sinks per 1987 National Electrical Code, Art. 210-8.

- All sleeping rooms shall be provided with at least one **emergency egress window** with a minimum net clear opening of 5 square feet, with a minimum opening height of 24 inches and minimum net clear opening width of 20 inches. Bars, grilles, grates or similar devices are permitted to be placed over emergency escape and rescue openings provided such devices are releasable or removable from the inside without the use of a key, tool or special knowledge.

- All stairs shall have at least one continuous **handrail** running the full length of the stairs.

- All walking surfaces measured vertically more than 30” above grade or other floor levels, including mezzanines, platforms, stairs, ramps and landings shall have **guard railing** a minimum of 36” in height with openings no greater than 6” for older homes, and 4” for homes built after 1991.
- Pool/spa safety barrier** enclosures shall comply with Santa Cruz County Code, Sec. 12.10.216.
Exception: Self-contained spas or hot tubs with listed/approved safety covers need not comply with barrier requirements.
- Rental equipped with at least one **fire extinguisher** (type 2A10BC) installed in a readily visible/accessible location near the kitchen.

I hereby certify that the safety standard conditions listed above are fully complied with and will be maintained in a useable and functioning condition. Form must be signed by one of the following four parties.

Owner of Rental Unit	Date	
Certified Home Inspector	License #	Date
County Building Inspector	Date	
Property Manager/Agent	Date	

For questions regarding these inspection requirements please contact Tony Falcone at (831) 454-3195