2024 SHORT TERM RENTAL PERMIT RENEWAL



4165 Columbia Valley Highway

Cultus Lake, BC V2R 5B5 604 858 3334

reception@cultuslake.bc.ca

Date/Time Stamp

| SHORT-TERM RENTAL PERMITTEE INFORMATION (All fields must be completed) | | | | | | |
|--|---|--|-------------------|---|--|--|
| Permittee Name(s) MUST BE A LEASEHOLDER: | | | | | | |
| Cell: | | Email: | | | | |
| Short-term Rental Address: | | | | | | |
| Mailing Address: | | | | | | |
| DESIGNATED PRIMARY CONT | TACT INFORM | ATION | | | | |
| Please provide contact information for the individual whom you wish to be contacted first regarding any issues or bylaw contraventions. Examples are, but not limited to: noise complaints, parking contraventions and garbage issues, and who will be responsible for rectifying any situation within two (2) hours of notification, to avoid a Bylaw Offence Notice or warning being issued. This individual must be available 24/7. | | | | | | |
| ame: Address: | | | | | | |
| Telephone: | Cell: | | Email: | | | |
| DESIGNATED SECONDARY CONTACT INFORMATION (if applicable) | | | | | | |
| contraventions. Examples are, but | not limited to: no ion within two (2 | ise complaints, | parking contraver | I second regarding any issues or bylaw ntions and garbage issues, and who will be Bylaw Offence Notice or warning being | | |
| Name: Address: | | | | | | |
| Telephone: | Cell: | | Email: | | | |
| Please complete this section OI | NLY if any lease | lot details hav | ve changed sinc | e your previous application/renewal. | | |
| Total On Site Parking Stalls: | | Total Guest Occupancy: Total Sleeping Units: | | | | |
| Garbage Collection: | | | | | | |

| opera | ating a Short-term Rental within Cultus | formation provided is accurate and I accept a Lake Park. I understand that it is my respon comply with all Cultus Lake Park Policies, By | sibility to ensure that all guests and | | | |
|----------------------|---|--|--|--|--|--|
| Permittee Signature: | | Permittee Name: | Date: | | | |
| X | | | | | | |
| Permittee Signature: | | Permittee Name: | Date: | | | |
| X | | | | | | |
| | ittee Signature: | Permittee Name: | Date: | | | |
| X | | | | | | |
| Permittee Signature: | | Permittee Name: | Date: | | | |
| X | | | | | | |
| 0 0 0 | REQUIREMENTS CHECKLIST (OFFICE USE): STR Permit fields are filled out and complete Fire Escape Plan submitted Floor Plan submitted | | | | | |
| 0 | Garbage and Waste Plan submitted | | | | | |
| 0 | STR applicants Building Site Lease Version: | | | | | |
| 0 | Bylaw infraction fines/fees paid up to date | | | | | |
| 0 | Bylaw parking review complete | | | | | |
| 0 | Status update of application communicated | | | | | |
| 0 | STR Permit fee received. Receipt #: | | | | | |
| 0 | STR Permit sent to applicant | | | | | |
| 0 | Data entered into STR Master List | | | | | |
| 0 | Interview complete with CAO or designate prior to approval/renewal. Date & time: | | | | | |
| 0 | STR Advertising received. (Occupancy / parking confirmed) | | | | | |