



- New \$110
- Renewal \$17
- Duplicate \$17

Late Fees:
31-90 days late = \$17
plus renewal fee
91 + days = Per SBMC
4.02.230

SHORT TERM VACATION RENTAL PERMIT APPLICATION

1. PROPERTY OWNER INFORMATION

Owner Name _____
Mailing Address _____ Suite _____
City _____ State _____ Zip _____ Email _____
Phone (_____) _____ Cell (or other) Phone (_____) _____
Emergency Phone, if other than an Agent listed below (_____) _____

2. RENTAL PROPERTY INFORMATION

A separate application is required for each short-term vacation rental unit, even if more than one share the same address.

Rental Unit Address _____

3. AGENT INFORMATION

If the property is represented by an agent(s) or rental company(s), please complete the information below. If your property is represented by more than one agent please list additional agents on the next page.

Rental Company or Agent Name _____
Business Address _____ Suite _____
City _____ State _____ Zip _____
Business Phone (_____) _____

4. CERTIFICATION (Please read carefully and sign.)

I hereby certify, under the penalty of perjury, that the rental property listed in this application qualifies for use as a Short-Term Vacation Rental and will be operated in compliance with Solana Beach Municipal Code 4.47 and all other codes and regulations governing buildings for human habitation, including limits on the number of occupants as governed by California Health & Safety Code § 17992(a) (1).

I also certify that I am authorized to make this statement and the information provided on this application is true and correct. I will have appropriately posted the INTERIOR AND EXTERIOR items as provided with this permit and strive to minimize potential permit violations.

Owner's Signature _____ Date _____

Please Print Name of Owner _____

If Owner and Applicant are separate both must sign, applicant to sign below:

Applicant's Signature _____ Date _____

Please Print Name of Applicant _____

THE FOLLOWING BOX IS FOR OFFICE USE ONLY:

Amount Paid \$ _____ . 00 Date _____ Receipt No. _____ Permit No. _____

Cash
 Check No. _____ Processed _____ Permit Expiration _____

ADDITIONAL AGENT INFORMATION (IF APPLICABLE) CAN BE PLACED HERE:

Rental Company or Agent Name _____

Business Address _____ Suite _____

City _____ State _____ Zip _____

Business Phone (_____) _____

Rental Company or Agent Name _____

Business Address _____ Suite _____

City _____ State _____ Zip _____

Business Phone (_____) _____