



VACATION HOME RENTAL PLAN REVIEW/LICENSING APPLICATION

- INITIAL YEAR APPLICATION FOR VACATION HOME RENTAL (VHR) ESTABLISHMENT OR;
 CHANGE OF OWNERSHIP FOR EXISTING VHR ESTABLISHMENT (PREVIOUSLY LICENSED)

VHR ESTABLISHMENT INFORMATION			Date ___/___/___
VHR Establishment Name:			
Establishment Address:			
City:	State:	ZIP:	
County:	Business Phone:		
Service Connections (check all that apply):			
<input type="checkbox"/> Private Water	<input type="checkbox"/> Municipal Water		
<input type="checkbox"/> Private Sewer	<input type="checkbox"/> Municipal Sewer		
PARCEL #:			
WEBSITE (URL) FOR VHR LISTING:			
IS YOUR ESTABLISHMENT SEASONAL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SUBMITTER INFORMATION (OR PROPERTY MANAGEMENT)			
Submitter Full Name:			
Mailing Address:			
City:	State:	ZIP:	
Contact Phone:	Cell Phone:		
Submitter Email:			
OWNER INFORMATION (If different from submitter)			
Owner Name:			
24/7 Contact (if different from owner):			Contact Phone:
Mailing Address:			
City:	State:	ZIP:	
Contact Phone:	Cell Phone:		
Owner Email:			
MN Tax ID (if available):		Fed Tax ID (if available):	

Vacation Home Rental (VHR) Fee Schedule

Vacation Home Rental- any home, cabin, condominium, or similar building that is advertised or held out to the public as a place where sleeping accommodations are furnished to the public on a nightly or weekly basis and is not a bed and breakfast, resort, hotel or motel.

<p>NEW ESTABLISHMENTS: (New VHR's Only)</p> <p>License & Application Initial Year Fee: \$ <u>500.00</u></p>	<p>OWNERSHIP CHANGE: (Previously Licensed VHR Only)</p> <p>Previous License Number: _____</p> <p>Annual Licensing Fee:</p> <p><input type="checkbox"/> Occupancy ≤ 6 \$400.00</p> <p><input type="checkbox"/> Occupancy ≥ 7 \$800.00</p> <p>NOTE: License Certificates are not transferable to person or place.</p>
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***** License application will not be reviewed until payment and application have been received.**

*****No refund will be permitted once payments are submitted**

Please make checks payable to: Otter Tail County Environmental Health

Mail or deliver the payment and paperwork to; Otter Tail County using:

<p>Otter Tail County Environmental Health 540 W Fir Ave Fergus Falls, MN 56537</p>
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NEW ESTABLISHMENTS: After your completed application and supporting documents have been received/reviewed, an onsite visit is performed. Review of the property in accordance with the Otter Tail County Vacation Home Rental Ordinance will be completed. Upon approval, you will receive a LICENSE CERTIFICATE from this department.

OWNERSHIP CHANGE: Submit this license application and fee. Your establishment license will be pending review and compliance with the Otter Tail County VHR Ordinance.

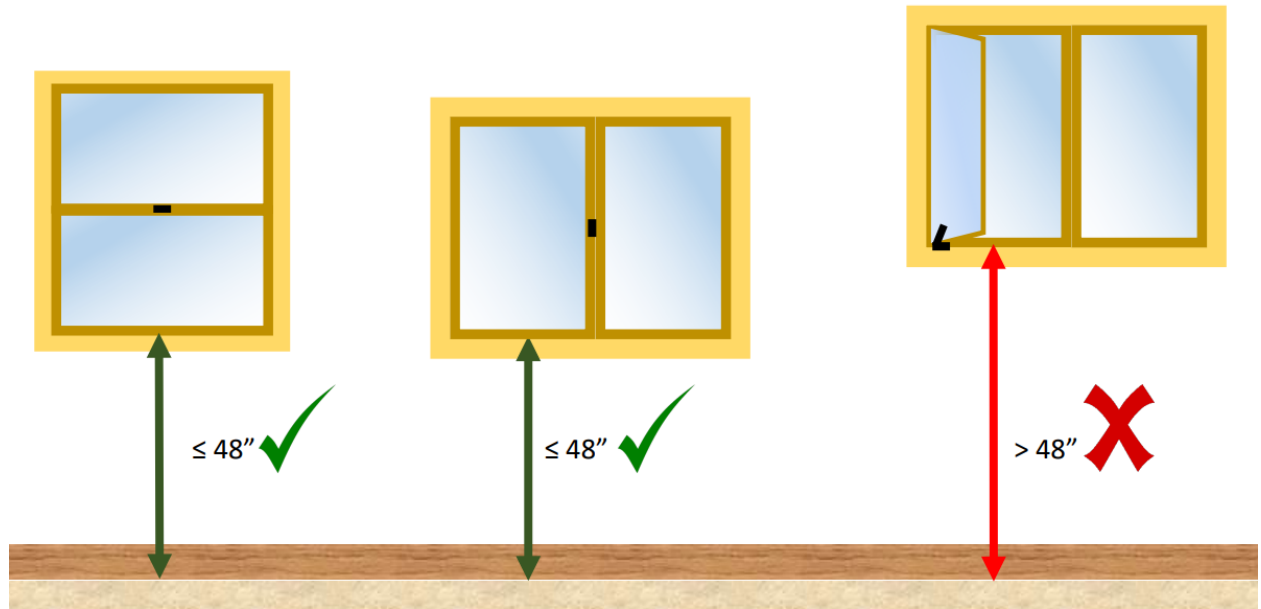
<p>For Office Use Only:</p> <p>Inspector Initials: _____</p> <p>Check #: _____</p> <p>Plan #: _____</p> <p>Water Test: _____</p> <p>Septic Compliance: _____</p> <p>Site Visit _____</p> <p>Land & Resource _____</p>
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DESCRIPTION OF PROJECT/PROPERTY
Provide information on how the property will be managed and maintained.

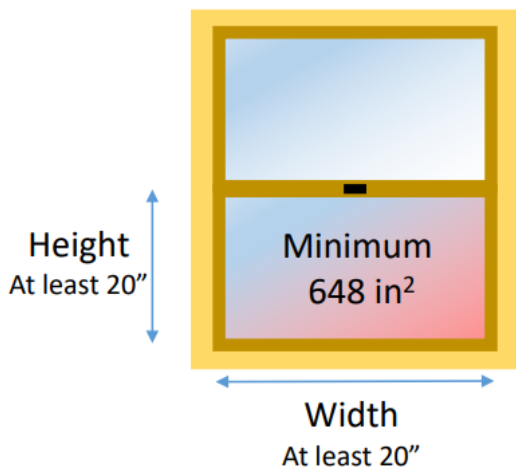
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Egress Window Height and Sizing Requirements

Height from bottom of opening to floor
Maximum of 48"

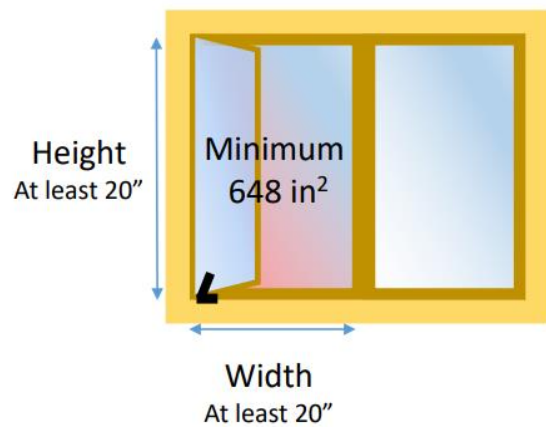


Double Hung



Height x Width = Area

Casement



Height x Width = Area