



Short Term Rental Application

Rev.20231003

Part 1

Applicant Name: _____

Rental Site Address: _____

City/State/Zip: _____

Property Owner Name (if different from above): _____

Property Owner Address: _____

City/State/Zip: _____

Phone Number(s): (cell) _____ (other) _____

Email Address: _____

UBI or WA State Sales Tax Number: _____ Expiration _____

Part 2

Requirements for short-term rental permit:

- Complete Short-Term Rental Permit Application
- Permit Fee
For residential zones: \$200 initial, \$100 renewal
For non-residential zones: \$300 initial, \$150 renewal
- Completed and notarized Life Safety Compliance Form
- Copy of Certificate of Occupancy (if available)
- Copy of Liability Insurance for the rental property
- Copy of Spokane Business License
- Plan showing parking, floor plan, fire safety plan, and site plan
Verification by Fire Department or Plan Reviewer may be required
- Copy of the notification letter (applications in residential zones) and a list with the names and addresses of all property owners and organizations that will receive notification of short-term rental use.

Part 3

Please identify the structure type of the short-term rental:

- Single Family House Attached House Duplex Multifamily Unit
- Attached Accessory Dwelling Unit Detached Accessory Dwelling Unit

Please identify space to be rented:

- Entire Unit Single Bedroom Multiple Bedrooms

Part 4

Responsibility Statement

- _____ I will rent a maximum of _____ bedrooms to overnight guests with no more than 2 adults per bedroom.
- _____ I have reviewed the short-term rental general regulations contained in Spokane Municipal Code Chapter 17C.316, and agree to operate my short-term rental in compliance with the regulations.
- _____ I will complete and maintain the items in the Annual Life Safety Compliance form to ensure the safety of guests at the short-term rental.
- _____ I will include my short-term rental permit number in all advertising.
- _____ I will register my short-term rental business with the City of Spokane and will submit the appropriate transient lodging taxes.
- _____ I understand that failure to comply with applicable regulatory standards may result in revocation of permit.

Owner Signature

Date



Short Term Rental Annual Life Safety Compliance Form

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Applicant Name: _____

Rental Site Address: _____

City/State/Zip: _____

Property Owner Name (if different from above): _____

Property Owner Address: _____

City/State/Zip: _____

Part 2

I hereby certify under penalty pursuant to the laws of the State of Washington that the below items have been checked and were found to be in good working order:

- Each sleeping room has a window or a door to the outside that provides a clear opening of at least 5.7 square feet (or 5.0 square feet at grade level) and is in good working order.
- Each sleeping room and access hallways are provided with a working smoke alarm and adequate lighting.
- Working carbon monoxide alarms are installed within the immediate vicinity of sleeping rooms.
- There is at least one current and maintained minimum 2A-10BC rated fire extinguisher provided in the dwelling unit that is stored in a place clear of obstructions and is easily accessible by overnight guests.
- All stairs are structurally sound, have a handrail, and are free of trip hazards.
- All deck guardrails and stair handrails are firmly attached, free of defects, and capable of supporting imposed loads. These areas also contain sufficient lighting.
- All bathroom and kitchen counter electrical outlets are Ground Fault Circuit Interrupter (GFCI) protected, and bathrooms are equipped with an exhaust fan or openable window.
- All plumbing fixtures are provided with sufficient hot and cold water.
- All occupied rooms are provided with working electrical outlets and lighting fixtures without the need for extension cords.
- The heating system is in sound working order.
- The water heating system is in sound working order.
- All kitchen appliances provided with working electrical outlets and are not plugged into an extension chord.
- There is a manual in the dwelling unit listing the location of the circuit breaker box, fire extinguisher(s), dwelling unit exits (e.g. exists from the building to a safe space in case of an emergency), and contact information for the operator or property owner.
- For structures with three or more dwelling units, the structure is fire sprinkled and is in current working order.

Part 3

STATE OF WASHINGTON)
) ss.
COUNTY OF SPOKANE)

I certify that I know or have satisfactory evidence that _____ signed this document and acknowledged it to be their free and voluntary act for the uses and purposes therein mentioned.

Dated

Signature of Notary Public

Appointment Expiration Date