

Mono County Community Development Department

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Planning Division

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SHORT-TERM RENTAL SUPPLEMENTAL FORM

I. PROPERTY INFORMATION:

Address: _____

Accessor Parcel Number: _____ Community: _____

of Bedrooms: _____ Proposed Occupancy: _____ # of Parking Spaces: _____

Does the property contain a sleeping loft? Yes No

Has the property been properly permitted and continuously operating as a short-term rental for the past two years? Yes No

If yes, please attach documentation upon application submission.

II. RENTAL TYPE APPLYING FOR:

Hosted Rental Non-Hosted Rental

III. PROPERTY OWNER(S) INFORMATION:

Name(s): _____

Phone Number(s): _____

Email Address: _____

Physical Mailing Address: _____

Note: If the Property Owner is a business entity, please provide a list of owners including shareholders or persons with ownership interest, the legal status of the business entity, and proof of registration with the Secretary of State.

When did the current property owner acquire the property? _____

Does the property owner own or operate any other short-term rentals in Mono County? Yes No

Does the property owner propose a long-term rental in Mono County as part of their request for a short-term rental? Yes No

If yes, please explain: _____

Does the property owner propose a deed-restricted housing unit of 120% Area Median Income (AMI) or less on the same property as part of their request for a short-term rental? Yes No

If yes, please explain: _____

Please see Chapter 25 of the Mono County General Plan Land Use Element and Mono County Code Chapter 5.65 for clarifications, definitions, and additional guidance.