



City of San Angelo, Texas – Planning Division
52 West College Avenue



Application for Conditional Use: Short-Term Rental Property

Office Use Only - Date Accepted:

Section 1: Basic Information

SELECT ONE: Property Owner Designated Operator (Affidavit Required) Representative (Affidavit Required)

Name of Property Owner (s) _____ Name of Operator (s) _____

Property Owner Mailing Address _____ City _____ State _____ Zip Code _____

Property Owner Contact Phone Number _____ Property Owner Contact E-mail Address _____

Designated Operator Mailing Address _____ City _____ State _____ Zip Code _____

Designated Operator Contact Phone Number _____ Designated Operator Contact E-mail Address _____

Short Term Property Address _____ City _____ State _____ Zip Code _____

Number of bedrooms: _____ Number of Off-street Parking Spaces: _____ Zoning: _____

Section 2: Site Specific Details

Provided Site Plan to include a Parking Table and any/all proposed lighting Yes No

Please initial and provide explanations for the following:

_____ I understand that the Planning Commission is required by law to make decisions based on the following criteria, and I assert that my request meets all of the required criteria **based on my explanations below:**

Impacts Minimized. Whether and the extent to which the short-term rental or Bed & Breakfast property use creates adverse effects, including adverse visual impacts, on adjacent properties.

Explanation: _____

Consistent with Surrounding Area. Whether and the extent to which the proposed short-term rental Bed & Breakfast property use is compatible with existing and anticipated uses, surrounding the subject property.

Explanation: _____

Effect on Natural Environment. Whether and the extent to which the proposed conditional use would result in significant adverse impacts on the natural environment, including but not limited to, adverse impacts on water and air quality, noise, storm-water management, wildlife, vegetation, wetlands and the practical function of the natural environment:

Explanation: _____

Community Need. Whether and the extent to which the proposed conditional use addresses a demonstrated community need.

Explanation: _____

Development Patterns. Whether and the extent to which the proposed conditional use would result in a logical and orderly pattern of urban development in the community.

Explanation: _____

Section 3: Applicant(s) Acknowledgement

Please read and initial each of the following:

- _____ Each Short-Term Rental Conditional Use must be renewed one year from the initial approval and then every two years thereafter.
- _____ Unless exempt, a permit cannot be granted for a STR on a street less than 30 feet in width nor within 500 feet of another STR.
- _____ The applicant has designated an "Operator" who resides in Tom Green County, Texas and has furnish a telephone number for the named operator. This information must be furnished in the notice to owners of real property as required by Section 201 of this Zoning Ordinance. If this information subsequently changes, the operator must mail notice of the new contact information to owners of real property within 200 feet of the property.
- _____ The operator shall keep a current guest register in compliance with State code.
- _____ If the short-term rental property is residentially zoned, all lighting must be directed toward the establishment and not at surrounding neighbors.
- _____ The operator of a Short Term Rental must post conspicuously in the common area of each unit
 - 1) The name and contact information of the operator, and
 - 2) The occupancy limits and restrictions on noise as set out in the City Code of Ordinances
- _____ Renting for overnight occupancy by more than 2 people 18 or older per bedroom is prohibited.
- _____ Meal service may not be provided.
- _____ Permitting, or hosting of, outdoor gatherings before 7:00 am or after 10:30 pm is prohibited.
- _____ Permitting or hosting any outdoor gathering of more than 20 people attending at one time is prohibited.
- _____ A Short Term Rental may be occupied by no more than 6 individuals unrelated by blood, marriage, or adoption.
- _____ Tents, trailers, cabin, lean-to or similar used for temporary living quarters are prohibited, with the exception of one "pup tent" for no more than two persons and no larger than 40 inches in height or 8 feet in length.
- _____ All Bed and Breakfast and Short Term Rental establishments must be registered with the State of Texas and the City of San Angelo for the purpose of Hotel Occupancy Tax.
- _____ The owner will obtain and comply with an annual fire safety inspection by the City Fire Marshal's office
- _____ The Planning Commission makes the final decision on all Short-Term Rental Conditional Use requests, appeals may be directed to City Council.
- _____ Approval of this Short-Term Rental Conditional Use request does not constitute approval of permits, site plans, or other processes that require separate approval.
- _____ If a permit is not sought within one year of the approval date of this Conditional Use, it will expire and requires another application.
- _____ A certificate of occupancy through the City's Permits and Inspections division will be required

I/We, the undersigned, acknowledge and understand that the above information is not an exhaustive list of standards set forth in [Section 406 of Chapter 12, Exhibit A "Zoning Ordinance"]

I/We, the undersigned, acknowledge and understand that failure to comply with all applicable standards set forth in [Section 406 of Chapter 12, Exhibit A "Zoning Ordinance"] for such an establishment may result in revocation of the Certificate of Occupancy.

Printed name and Signature of Property Owner or Authorized Representative

Date

Printed name and Signature of Designated Operator

Date

FOR OFFICE USE ONLY:

Case No.: CU: _____ -- _____

Planning Commission date: ____/____/____

Nonrefundable application Fee: \$ _____

Receipt #: _____

Date paid: ____/____/____

Planning Commission: Approve Disapprove

Date: ____/____/____

Appeal to City Council: YES NO

Date and time of Appeal: ____/____/____ am/pm

City Council Approve Disapprove

Date: ____/____/____

State Hotel Occupancy Tax Number: _____ City Hotel Occupancy Tax Number: _____

Date Forwarded to Building Permits & Inspections: ____/____/____