



Town of Lake City
230 N. Bluff St; PO Box 544
Lake City, CO 81235
Phone: **970.944.2333**
www.townoflakecityco.gov
townmanager@townoflakecity.co

Short-Term Rental Application

Note: **PLEASE READ IN FULL ORDINANCE 13-2023 REGARDING SHORT TERM RENTALS AT:** <https://www.townoflakecityco.gov/town-ordinances.html>

Type of Permit:

Permit for Special Conditional Use of Property in Residential Zone (Residential-1, Rural Estate, Limited Multi-Family, Mobile Home Residential)

- ☐ New STR Permit Application
- ☐ Renewal of Current Permit # _____

Permit for Use by Right of Property in a Non-Residential Zone (Central Business District, General Business District, Tourist-1, Tourist-2)

- ☐ New STR Permit Application
- ☐ Renewal of Current Permit # _____

Enclosed Fee:

Payment required at the time of application. Make checks payable to Town of Lake City

- ☐ New STR Permit Application Fee of \$100 (All Zones, One Time Fee)
- ☐ Annual Permit Fee for Special Conditional Use of Property in a Residential Zone of \$300 (1 Bedroom)
- ☐ Annual Permit Fee for Special Conditional Use of Property in a Residential Zone of \$400 (2 Bedroom)
- ☐ Annual Permit Fee for Special Conditional Use of Property in a Residential Zone of \$500 (3 Bedroom)
- ☐ Annual Permit Fee for Special Conditional Use of Property in a Residential Zone of \$600 (4 or more Bedrooms)
- ☐ No Annual Permit Fee for Use by Right of Property in a Non-Residential

Submitting the Application: Please follow the steps listed herein and supply all requested information. Please submit the documents in paper form or PDF Format (submitted electronically to townmanager@townoflakecity.co)

1. Property Basics:

Property Address: _____

Tax Parcel Number: _____

Property Zoning District: _____

2. Property Owner Information:

Name of Owners(s):	
Physical Address:	
Mailing Address:	
Colorado Sales Tax License Number:	
Phone Number	Email Address

3. Surrounding Property Owner Information:

Names and addresses of owners of all properties immediately surrounding (to include across the street, alley, and beside) the property for which a permit is being sought. Attach copies of Hinsdale County Tax Assessor property record cards mapping the location of the surrounding properties and confirming the requested name and address information.

Name of Owners(s):
Physical Address:
Mailing Address:

Name of Owners(s):
Physical Address:
Mailing Address:

Name of Owners(s):
Physical Address:
Mailing Address:

Name of Owners(s):
Physical Address:
Mailing Address:

Name of Owners(s):
Physical Address:
Mailing Address:

Name of Owners(s):
Physical Address:
Mailing Address:

Name of Owners(s):
Physical Address:
Mailing Address:

4. Responsible Agent Information:

Name of Responsible Agent:	
Physical Address:	
Mailing Address	
Phone Number	Email

5. Items Required for a Complete Application – All requested documents must be submitted to ensure a complete application.

Application Checklist

- ☐ Proof of Ownership (Copy of Deed)
- ☐ Proof of Citizenship (Driver's License/Passport)
- ☐ Proof of Liability Insurance (Property Liability Insurance in the Amount of Not Less Than \$500,000 or Property Liability Coverage in an Equal or Higher Amount that is Provided by Any and All Hosting Platforms Through Which the Owner Will Rent the Short-Term Rental Permit and/or Homeowners Insurance Policy)
- ☐ Narrative Addressing All STR Unit Permit Review Criteria Showing How They Will Be Met
- ☐ Copy of Current State of Colorado Sales Tax License
- ☐ Fire Department Inspection Report - Contact (970.944.2653) to schedule Fire Inspection
- ☐ Detailed Site Parking Plan
- ☐ Detailed Property Floor Plan - That Includes The following:
 - ☐ Location of Bedrooms
 - ☐ Smoke Detector Locations (Inside and Outside All Sleeping Areas of the STR (IFC 2015 907.2.11.2)
 - ☐ Carbon Monoxide Detector Locations (Every Floor of the STR Near Sleeping Areas and Near Gas Fueled Boilers, Furnaces, Fireplaces and Where an Attached Garage Exist (IFC 2015 915.1.1)
 - ☐ One 2A/10BC Fire Extinguisher Location (IFC 2015 906.1)
- ☐ Town of Lake City Short-Term Rental Self-Compliance Affidavit
- ☐ Tax Assessor Map of Property and Adjoining Properties (Hinsdale County Tax Assessor) 970-944-2225
- ☐ Property Record Cards of Adjoining Properties (Hinsdale County Tax Assessor)
- ☐ Proof of Certified Mailing of Notice with Contact Information to All Adjoining Property Owners

Certification:

By signing this application, the applicant indicates an understanding that any permit issued pursuant hereto automatically terminates at the end of the calendar year in which the permit was issued. A permit can be renewed:

(a) If two or fewer code violations have been filed related to the subject property in the previous 12 months and the applicant is current on all taxes, fees and other charges owed the town, the applicant is only required to purchase a new yearly permit during the month of January of every year.

(b) If three or more code violations have been filed related to the subject property in the previous 12 months, there shall be no renewal of the permit. All future permit applications for the property shall be treated as new applications. The Board of Trustees may prohibit the approval of any permit that has been revoked or is not eligible for renewal pursuant to this section for one year or such other period as the Board of Trustees deems appropriate.

*Notices with contact information to adjoining property owners must be sent via *Certified Mail* within 5 days of application filing along with *Return Receipt Requested* associated with the mailings and the *Certified Mail Receipts* must be submitted to the Town Manager within 10 days of application filing.

Print Name of Owner(s):	
Signature of Owner(s):	Date

Town Staff:

Received by:
Date:

Approved:
Date:

TOWN OF LAKE CITY SHORT-TERM RENTAL SELF-COMPLIANCE AFFIDAVIT*

I, _____, the owner(s), of the short-term rental property at the address/unit: _____ being duly sworn and upon my oath, and over the age of eighteen years, do declare and state as follows:

1. The short-term rental property complies with the life safety standards set forth in Section 7 of Ordinance No. 13-2023.
2. Information notices required by Section 7 of Ordinance No. 13-2023 have been and will remain posted or placed at a conspicuous location on or in the short-term rental property identified in this affidavit.
3. That the statements made in this application are true, correct, and complete, to the best of my personal knowledge and belief.

Signature of owner(s): _____

Notary Signature: _____

My commission expires: _____

State of: _____, County of: _____

Acknowledged before me this _____ of _____, 20_____

Notary Seal:

*Ordinance 13-2023, Section 7 provides: An affidavit signed by the owner or authorized agent, under penalty of perjury, certifying that the short-term rental property complies with the life safety standards set forth in Section 7 and that the information notices required by Section 7 have been and will remain posted or placed at a conspicuous location on or in the short-term rental property.

DESIGNATION OF RESPONSIBLE AGENT FOR SHORT-TERM RENTAL PROPERTY

**The owner as Agent must sign both
sections.**

PROPERTY OWNER SECTION

I/we, the undersigned grant: _____

the authority to function as my/our responsible agent in matters pertaining to my/our short-term
rental at address/unit:

In accordance with Town of Lake City Ordinance 13-2023.

Signature of owner(s): _____ Print name: _____

Notary Signature: _____ Notary Seal:

My commission expires: _____

State of: _____, County of: _____

Acknowledged before me this _____ of _____, 20_____

RESPONSIBLE AGENT SECTION

I/we, the undersigned, accept the responsibilities granted above, and agree to function as Responsible Agent in accordance with Town of Lake City Ordinance 13-2023.

Signature of agent: _____ Print name: _____

Notary Signature: _____ Notary Seal:

My commission expires: _____

State of: _____, County of: _____

Acknowledged before me this _____ of _____, 20_____

**LAKE CITY AREA FIRE PROTECTION DISTRICT
SHORT TERM VACATION RENTAL FIRE INSPECTION CHECKLIST**

Property Owners Name: _____
STVR Address: _____
Emergency Contact #: _____ Email: _____
Occupancy Class: _____ Square Footage: _____ Occupant Load: _____
Alarm System: _____ Monitoring Co: _____
Inspection Date: _____ Inspector: _____

ADDRESS

- ☐ Property address posted on street side of building (3" high, 1/2" stroke width and contrasting)

OCCUPANCY

- ☐ Maximum Occupant Load posted inside main entry area

EXTINGUISHERS

- ☐ Minimum size 2A/10BC
☐ Properly mounted (height not <4", nor >5')
☐ Unobstructed & unobscured
☐ Current inspection tag (Due annually by NFPA 10 qualified personnel)

SMOKE DETECTORS & CARBON MONOXIDE DETECTORS

- ☐ Smoke Detectors present Inside and outside of every sleeping unit
☐ CO Detectors required with a fossil fuel fired appliance or an attached garage

EGRESS

- ☐ Bedrooms have two means of egress (one that opens directly to the exterior of the residence)
☐ Egress doors unobstructed and open easily without the use of a key
☐ Egress windows unobstructed and open easily
☐ Basement bedrooms have an exterior egress well with a ladder or steps

*** Maximum occupant load will be calculated as total interior living square footage divided by 200 gross per occupant or 2 occupants per bedroom plus and additional two occupants, whichever is greater.**

Lake City Area Fire Protection District
P.O. Box 574
Lake City, CO 81235
(970)944-2653
lakecityfirechief@gmail.com

SHORT TERM RENTAL NEIGHBOR NOTIFICATION

DATE: _____

To: _____

I, _____, am hereby notifying you of my intent to use my property, located at _____, as a Short Term Rental (STR) property. In Compliance with Town of Lake City Ordinance No. 13-2023, I am providing you notice of my STR intent along with 24-hr responsible party contact information. If at any time you have concerns/complaints in regard to this STR property, or guests, please contact the responsible agent/manager/owner listed below first and give them the opportunity to respond and correct the issue. If the responsible agent/manager/owner does not answer and does not respond to you within two hours after leaving a message then please call the Town Hall at 970-944-2333 to file your concerns/complaints. In the event of a life threatening emergency call 911.

Legal Owner(s)(from Deed): _____

Primary Owner Contact Name: _____

Owner Contact Email: _____

Owner Contact Phone: _____

Owner Mailing Address: _____

24-HR Responsible Agent Contact Information (if different from owner):

Caretaker/Property Manager Name: _____

Caretaker/Property Manager Phone: _____

Caretaker/Property Manager Address: _____

SHORT TERM RENTAL COMPLAINTS: (970) 944-2333 Hours of Operation: Monday - Friday, 8AM - 5PM MST Please call in complaint information to the Town Hall if you are unable to reach the parties above or if you are unsatisfied with the resolution provided.

All adjacent neighbors must receive this notice. Adjacent neighbors are any lots or parcels that are meeting or touching at some point, or separated by a street, alley or open space. Condos/townhomes/apartments – adjacent neighbors include all units in a shared building.