



# Planning Department

130 6TH STREET WEST  
ROOM A  
COLUMBIA FALLS, MT 59912

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## CONDITIONAL USE PERMIT VACATION RENTALS DETERMINATION REQUEST

Please review Section 18.445 (attached) and complete the information related to your proposed rental. If more space is needed, attach additional information on a separate sheet.

**Name of**

**Owner:** \_\_\_\_\_ **PhoneNumber:** \_\_\_\_\_

**Name of**

**Business:** \_\_\_\_\_

**Physical**

**Address:** \_\_\_\_\_

**Mailing**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip**

**Code:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Assessor Number:**

\_\_\_\_\_

**Legal**

**Description:** \_\_\_\_\_

\_\_\_\_\_

**Zoning:** \_\_\_\_\_ **Size of home (bedrooms):** \_\_\_\_\_

**# off-street PAVED parking spaces provided:** \_\_\_\_\_

**Notes:**

**CHECKLIST** (☐ Check applicable items; attach required reports/proof as noted)

☐ Dwelling has appropriate smoke detectors as determined by Fire Marshal? (Please Attach Report)

☐ Dwelling has appropriate egress windows for each bedroom as determined by Fire Marshal? (Please Attach Report)

☐ State of MT Public Accommodation License for Tourist Home – License # \_\_\_\_\_ (Please Attach)

☐ Flathead City-County Health Department inspection (Please Attach Report)

☐ Register for the Montana State Bed Tax (Please Attach)

☐ Is the property subject to Homeowner's Association covenants or restrictions? ☐ Yes ☐ No (If yes, obtain permission from HOA and attach to application)

☐ UPON APPROVAL: City of Columbia Falls business license - # \_\_\_\_\_

**Local Contact information:** Can respond within 45 minutes in case of an emergency

**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Results of Zoning Administrator inspection:**  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Ordinance 732 – Adopted July 16, 2012:**

### **18.600 Definitions:**

**Residential.** A structure regularly used by its occupants as a permanent place of abode, which is made one's home as opposed to one's place of business and which has housekeeping and cooking facilities for its occupants only. In situations where a dwelling is rented or leased, a residential use would involve lease periods of one month or more.

**Vacation Rental.** A residential use that allows paid visitors to rent an entire house, townhouse unit, condominium unit, apartment or other residence located in the applicable zoning district for a period of between one and thirty days. In Columbia Falls, this use requires an Administrative Conditional Use Permit if proposed in suburban agricultural and residential zoning districts. Vacation rentals are not Bed and Breakfast, Hostel, Lodge, Motel or Hotel establishments and shall not provide food or beverages for sale on premises or with the rental of the dwelling.

## **Chapter 18.445 VACATION RENTALS**

### **18.445.010 Applicable Zoning Districts.**

The Vacation Rentals may apply for a conditional use permit within the CSAG-20; CSAG-10; CSAG-5; CR-1; CR-2; CR-3; CR-4; CR-5; and CRA-1 zoning districts. Vacation Rentals within the CB-2, CB-4 and CB-5 are permitted uses

### **18.445.020 Administrative Conditional Use Permit Standards**

Any property owner within an applicable zoning district (18.445.010) wishing to rent their unit for period of thirty days or less shall complete and submit, with filing fee, an Administrative Conditional Use Permit Application Form with the City of Columbia Falls. The Administrative Conditional Use Permit shall ensure the follow standards are meet:

1. Units rented shall not exceed the allowable dwelling unit density of the underlying zoning district. A unit is defined as a rentable, lockable space within a building containing a kitchen or kitchenette.
2. The property owner shall provide the name of a local contact person that shall be responsible for handling any problems that arise with the property.
3. Each unit for rent shall provide a minimum of two off-street parking spaces.
4. Each unit will provide a sign-off of the Fire Marshall from the Columbia Falls Fire Department that indicates the dwelling has smoke detectors and egress windows for each bedroom.

**5. Each unit shall provide a State of Montana Public Accommodation License for a Tourist Home. This License is administered by the Flathead City-County Health Department and is subject to annual inspections. 6. There will be no signage advertising the nightly rental of properties within the Suburban Agricultural or Residential zoning districts. 7. If located in the City Limits, provide proof of a Columbia Falls City Business License. (Note: All Vacation Rental units are subject to and the owners are responsible for collecting the State's Bed Tax) 8. An inspection of the unit by the Zoning Administrator or his/her designee shall ensure that the dwelling in question conforms to the land use provisions of the Columbia Falls Zoning Ordinance. 9. The property owner shall understand that a violation of any of these conditions as well as repeated complaints of disturbing the peace related to the property shall result in suspension and possible revocation of the Administrative Conditional Use Permit. 10. The applicant is responsible for reviewing and adhering to all Covenants, Conditions and Restrictions in place. The City shall not be responsible for the applicant's determinations as to compliance with such Covenants, Conditions and Restrictions and shall have no duty to enforce them.**