



Development Services

201 1st Avenue East
Kalispell, MT 59901 Phone:
(406) 758-7940
Fax: (406) 758-7739
www.kalispell.com
planning@kalispell.com

APPLICATION FOR SHORT TERM RESIDENTIAL RENTAL (NEW)

General Information

DATE OF APPLICATION: _____

STREET ADDRESS: _____

OWNER(S) OF RECORD:

Name: _____

Mailing Address: _____

City/State/Zip: _____ Phone: _____

E-mail: _____

PERSON(S) AUTHORIZED TO REPRESENT THE OWNER(S) & TO WHOM ALL CORRESPONDENCE (INCLUDING YOUR PERMIT) IS TO BE SENT (IF DIFFERENT THAN OWNER) :

Name: _____

Mailing Address: _____

City/State/Zip: _____ Phone: _____

E-mail: _____

LEGAL DESCRIPTION OF PROPERTY Refer to Property Records – Please list Subdivision/Lot/Block or Assessor's Tract Number with Section/Township/Range or attach a copy of the deed or other full legal description of the property:

Assessor's Number for the Property: _____

Short Term Residential Rental Permit Requirements

1. Attach a site plan (hand drawn is ok) of the lot which includes (a) the shape and dimensions of the lot; (b) the size and location of all existing/proposed buildings; and (c) the size and location of all existing/proposed parking areas, including the type of surface(i.e. asphalt, concrete, gravel). Please note that additional paved parking may be required.
2. Please answer the following questions. Add additional information if required and attach an additional sheet if necessary.
 - a. Are all parking spaces on the property available to the renter? Yes ____; No ____ (If no, please describe below)
 - b. Are there areas of the house or property that are excluded from the renter? Yes ____; No ____ (If yes, please describe below)
 - c. Are any rooms available as a separate rental? Yes ____; No ____ (If yes, please describe below)

3. When submitting this application, you will need to contact the Kalispell Planning Department to schedule an inspection of your property. The inspection needs to show that all life safety requirements are met, including, but not limited to, smoke and carbon monoxide detectors, egress windows out of sleeping areas, handrails, hot water temperature setting, no exposed electrical wiring, and required ground faults within six feet of sinks/tubs. The Planning Department phone number is 406-758-7940.
4. Attach a copy of your Flathead City-County Health Department Public Accommodation license **or receipt** for a tourist home. If you have not yet obtained one, please submit an application directly to the Health Department and they will contact us. Their phone number is (406) 751-8130. The link to the form is: <https://flatheadcounty.gov/departments-directory/health/environmental-health/sleeping-accommodations> . Choose the Tourist Home Plan Review application.
5. Attach verification that the property is appropriately registered (i.e. a copy of the Montana Department of Revenue Sales and Use Tax Permit) and meets requirements for state bed tax purposes. You can apply for this permit on-line at: <https://tap.dor.mt.gov>. If you **only** advertise through Airbnb and Airbnb collects the bed tax through an agreement with the State of Montana, you do not need to submit additional documentation. If that is the case please check this box..... ☐
If you advertise on any other sites you will need to acquire your own Sales and Use Tax permit as mentioned above.

6. Please provide the name and phone number of a **local** contact person that shall be responsible for handling any issues that arise with the property. The contact shall be available to address any issues 24 hours a day and seven days a week. The contact information will be included in a notice sent by our office to property owners within 150 feet as provided for in the administrative conditional use permit process:

Contact Name: _____

Phone Number: _____

Other Contact Information: _____

7. The following affirmation must be signed by the property owner(s). If there are multiple owners, each must sign the affirmation:

The residential dwelling unit to be utilized as a short term rental is not subject to any covenants, conditions, or restrictions of record that forbid such use of the property.

Property Owner Name(s): _____

Signature(s)/Date: _____

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be incorrect or untrue, I understand that any approval based thereon may be rescinded, and other appropriate action taken. The signing of this application signifies approval for the Kalispell Planning staff to be present on the property for routine monitoring and inspection during the approval and development process.

Applicant Signature

Date

INSTRUCTIONS FOR SHORT TERM RENTAL APPLICATION

1. Submit the correct fee (per schedule below), completed application and appropriate attachments to the Kalispell Planning Department (address on the front of this form). Incomplete application packets will not be accepted.

Fees: \$174/unit (if paid by credit card, a 3% convenience fee will be added)

2. A part of processing the permit application is providing notice to property owners within 150 feet of your property. The Kalispell Planning Office assembles the list of owners and mails the notice. The notice provides a period of 15 days to submit comments. If the issues raised by the comments cannot be adequately addressed with you as the applicant, the application will go to a full public hearing at the Kalispell Planning Board and then will be forwarded to the Kalispell City Council for a decision.