



SHORT TERM RENTALS

INFORMATION PACKET



STR CONDITIONAL USE AND BUSINESS LICENSE APPLICATION CHECKLIST

To be completed prior to acceptance of application

Applicants/Owner Name: _____

Complete Application Items:

- The Applicant shall: Submit the Conditional Use Application and Owner Affidavit (signed and notarized) to the Planning Department for review
- The Applicant shall: Apply for a Business License and submit an American Fork Fire Department Home Based Business Self-Inspection to the Business Licensing Department.

Required Information:

- Proof of ownership
- Evidence this property is applicant's primary residence, as defined in Section 10-5-41 (3) a.
- Site plan indicating lot lines, location of existing and proposed structures and adequate off-street parking areas contained on the property. (include drawings/photos).
- Proof of compliance with existing CC&Rs associated with the property.
- If proposed Short Term Rental is located within a subdivision with a HOA, the applicant must obtain a letter of approval, in a form acceptable to the City, from the HOA's board.
- Copy of the Short-Term Rental Business License.
- Floor plan indicating adequate sleeping, eating, and sanitation facilities.

Questionnaire:

1. What do you anticipate the maximum occupancy to be? _____
 2. How often do you anticipate renting the STR Unit? _____
 3. Will you be onsite at all times while STR unit is being rented out? _____
 4. How will parking be accommodated (please include site plan)? _____
- _____
5. I have read and understand the attached penalties for non-compliance for STR's? _____ (Initial)

Please refer to Cedar Hills Ordinance 11-16-2021A, Short Term Rental Business License 3-11- 1, and 10-5-41 for the complete terms of a Short-Term Rental.

Cedar Hills Office Use Only:

Received by: _____

Date: _____

Address #: _____

Tax ID: _____

STR Permit # _____

Date _____

SHORT TERM RENTAL CONDITIONAL USE PERMIT APPLICATION

APPLICANTS/PROPERTY OWNER NAME(S) _____

PROPERTY ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE # _____ MOBILE # _____

EMAIL ADDRESS _____ STR SQ. FT. _____

TOTAL ACREAGE OF PROPERTY: _____ CURRENT ZONING: _____

STR LOCATION (circle one): main dwelling/addition above garage basement detached building. Other

In order for STR Conditional Use Permit to be complete, a nonrefundable fee of \$150 must be paid and the property owner must certify that the following requirements are met at this property. Please check all items that are in compliance at this time:

- Outside appearance of single-family home shall not be changed from that of a single-family home. A maximum of (1) STR may be allowed in a single-family home.
- Is there an existing Home Occupation (home-based business) on the property? Yes / No
- The apartment contains eating, sleeping, and sanitation facilities separate from the primary dwelling.
- Single family dwelling containing a short-term rental, will remain owner occupied. If a property is owned in a trust, documentation concerning the trust shall be provided to the City.
- One family, as defined and permitted by City Code, will only occupy the STR.
- Short Term Rental does not have separate utilities such as water, gas, electric from main dwelling.
- Parking: Off street parking shall be provided for all short term rental tenant within the unit. No parking spaces may be located within a front or side yard, except within an approved driveway. Tandem parking within a driveway is allowed to meet parking requirements. Tenants shall comply with all City parking regulations of section 5-2-5 of City Code.
- I understand that: Short-Term Rental Conditional Use Permit shall become null and void upon the sale of the single-family dwelling in which it is located, unless a new conditional use permit is applied for and obtained by the purchaser(s) of the single-family dwelling in which said short term rental is located.
- The Short Term Rental will not be sold or detached by deed and only be rented.

Building Codes: Accessory dwelling units will comply with all applicable building, health, and fire codes at time of approval.

The portion of home used as an accessory apartment has received a Certificate of Occupancy.

Make all corrections, identified as necessary to comply with International Residential and Building Code requirements, as identified by the building official or his designee. Include safety items required by code such as:

_____ Working Smoke detector in each bedroom

_____ Carbon Monoxide Detectors

_____ Ground fault circuit interrupter protected outlet on existing wiring

_____ Street addressing as "B"

_____ Water heater strapped to the wall

_____ Handrail going into basement entrance (if applicable)

_____ Kitchen and bathrooms GFCI outlets

_____ Guardrail above basement entrance, minimum 34" above grade level (if applicable)

_____ Functioning and safe - electrical and plumbing

A Site Plan showing property lines and dimensions, the location of existing buildings, building entrances, proposed additions, location of parking for tenants, and the dwelling is owner occupied.

A floor plan showing rooms labeled with current and proposed uses is attached.

Complies with Short-Term Rental Inspection Checklist

By signing this application, I acknowledge that I have read and understood the application, ordinances, checklists, etc., associated with this application, and that any and all required information, drawings, plans, and other submittals are included and complete. Furthermore, by signing this application I acknowledge that all submitted information is true and correct, and that the above-described project must comply with and remain in compliance with the requirements of all applicable Cedar Hills City ordinances and standards, including Section 3-1I - (1-9) and 10-5-10 of City code for Short Term Rentals.

I certify that the above information is true and correct. I understand that if the above is determined to be incorrect or incomplete, the City may need to perform an inspection and/undertake zoning enforcement procedures.

_____ \$150.00 Conditional Use Fee Paid

_____ Attached Submitted Site and Floor Plans

Signature: _____ Date: _____

Signature: _____ Date: _____

Office Use only

Received by: _____ Date: _____

Address #: _____ Tax ID: _____



STR SELF-INSPECTION CHECKLIST

- Smoke detector in each bedroom, in the major living areas, each adjacent hallway to a bedroom and one on each floor (the major living area can count for the detector on that floor).
- An operable carbon monoxide detector on each floor installed per the manufacture's specifications, when gas appliances are utilized in the structure.
- Handrails are required on any stairs with more than 3 risers.
- Electrical outlets within 6 ft. of all sinks/baths/toilets and all exterior outlets IRC E3902 require GFCI.
- Water heaters/Furnace
 - a) Water heater with approved straps (one strap on the top third and one on the bottom third of the tank).
 - b) Water heater expansion tank must also be supported.
 - c) Proper venting and gas connections and clearances.
 - d) Correct venting and gas/electrical connections.
 - e) Combustible air.
- Emergency egress windows in bedrooms
- Safety ladders available in each second-story bedroom and basement window wells deeper than 44" inches.
- Adequate sanitary facilities.
- One operable fire extinguisher shall be provided in STR Unit.
- Trash shall not be left stored within public view, except in property containers for the purpose of collection by an authorized waste hauler on scheduled trash collection days.
- Short-Term Rental Unit with more than five (5) sleeping rooms, or the ability to sleep more than ten (10) occupants, shall receive written approval from the City of Cedar Hills Building Inspector prior to occupancy of the Short-Term Rental Unit.
- Required Posting in the Short-Term Rental Unit.
 - a) A copy of the Short-Term Rental Business License.
 - b) The name and phone number of the Owner, Local Contact Person or Manager and Local Emergency Contact information.
 - c) The location of all fire extinguishers and emergency exits.
 - d) A list of all rules applicable for the specific Short-Term Rental.
 - e) The maximum occupancy of the dwelling unit and the maximum number of vehicles allowed.
 - f) Trash pick-up day and applicable rules and regulations pertaining to leaving or storing trash on the exterior of the property.
 - g) A map showing property boundaries and parking spaces
- Visible address
- Exits unobstructed
- Breaker Box clearance
- Remove any trip hazards
- No fire hazards



SHORT TERM RENTAL AFFIDAVIT

ADDRESS: _____ Cedar Hills, Utah

Property Serial Number: _____ Conditional Use Permit #: _____

AFFIDAVIT

I(We), _____, understand the City of Cedar Hills ordinance requirements for an STR Conditional Use Permit and STRL Business License. I/We also understand that only 1 (one) STR is permitted in a single-family dwelling. I/We, the property owner(s), state that the proposed property is our primary residence and that I/We reside at least 183 days per calendar year. I/We certify to the City that the subject property has no existing private covenants, conditions, or restrictions prohibiting STRs. I/We understand that a corporation, company, or other non-personal entity, cannot own a residence with an STR. I/We further certify that, should I/we decide to sell the home, as the seller I/we will notify the buyer that this building is not a duplex, and that the new owner must file an affidavit with the City of Cedar Hills, Planning Department, testifying that they will occupy one of the units, if the other unit is to be rented.

Owner Signature

Owner Signature

JURAT

State of Utah)
) ss.
County of Utah)

Subscribed and sworn to me (or affirmed) before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

My commission expires: _____

Notary Public

(Notary Seal)

ACCESSORY APARTMENT REGISTRATION

I have reviewed Registration # _____, and have found it to be in compliance with §10-5-41 of the Cedar Hills City Code.

OWNER is permitted to have a Short Term Rental at _____, Cedar Hills, Utah. This residential building is not a duplex. This building is a single-family dwelling, and is authorized to have an STR in accordance with the Cedar Hills City Code and after the owner's testament that he/she/they will reside therein as their primary residence at least 183 days per calendar year. Enforcement and Fines may be issued from the City Planning Department or its Designee and will contact the owner requiring such owner to halt, eradicate, destroy, remove, or otherwise cure the violation within 48 hours, or such later time the planning department or its designee may determine. Each day a violation occurs or continues is a separate violation. An Short Term Conditional Use may be revoked for violations upon a determination that a violation exists or may be re-issued to an owner only after the violations are corrected to the satisfaction of the City of Cedar Hills.

City Planner or Designee

Attest:

City Recorder

(CITY SEAL)

Date



American Fork Fire Department



Home Based Business Self-Inspection Form

Business Name: _____

Phone# _____

Address: _____ Email: _____

Business Owner: _____ Phone# _____

Type of Business: _____

	YES	NO
1. Is your address placed in a position that is plainly legible and visible from the street or road fronting the property? Are the numbers contrasting their background?		
2. Are gas shut off valves clear of weeds, trees, bushes, trash, storage, etc., and are they accessible? Is your gas water heater secured?		
3. Are outside electrical and gas meters clear of weeds, trees, bushes, trash, storage, etc. and are they visible and accessible? (3-foot clearance required)		
4. Are all exit hallways, doorways, stairways, landings, and walkways clear of any obstructions?		
5. Are circuit breakers clear of any tape, string or wire that would affect their operation?		
6. No open electrical boxes or uncovered wire connections are allowed. Is the cover on the electrical panel and are faceplates installed on all electrical outlets and switches? Does the electrical panel have clear, unobstructed access?		
7. Have all extension cords been replaced with permanent wiring? Do surge protectors contain a UL rating?		
8. Is your heating/air conditioning unit cleaned and/or are new filters installed per manufacturer's instructions?		
9. Is there 3 feet of clear space with no combustibles in the following rooms or spaces? All gas/electric appliances (water heater, furnace, etc.)		
10. Fire Extinguisher(s): Do you have an accessible fire extinguisher (Rating 2A10BC-refer to label on extinguisher)? Does the fire extinguisher have a properly labeled certification tag indicating that it has been inspected within the last year? Is the fire extinguisher accessible and mounted or secured on a wall? (This is not optional-you must have it inspected annually.)		
11. Storage is to be kept to heights leaving a minimum space of 24 inches to the ceiling. If the home has an automatic fire sprinkler system, do storage heights allow at least 18 inches of clear space below and around all sprinkler heads? ➤ To be answered if the building is protected with an automatic fire sprinkler system. If the home has a fire sprinkler system, have the required services and tests of the system been performed?		
12. Do you have working smoke detectors?		
13. Do you have compressed gas cylinders? What type of compressed gasses are they and are the cylinders chained to a wall or otherwise secured?		
14. Are you conducting hot work? (Welding, Grinding, Soldering, Torch Cutting, etc.?)		
15. Do you use and/or store any hazardous materials as part of your home business? (Toxic Chemicals, Corrosives, Oxidizers, Water Reactive Materials, Combustible liquids or Gasses) Check OSHA standards at: https://www.osha.gov/SLTC/hazardoustoxicsubstances/index.html (If the answer to question 15 is yes, you must notify the Fire Department. A business requiring the storage or use of Hazardous Materials will not be licensed without a documented inspection by the Fire Code Official. The Fire Department should be aware of Hazardous Materials in advance as part of their emergency planning.		

By completing and signing this home based business inspection form, I, YOUR NAME HERE knowingly and voluntarily wave the American Fork Fire Department and American Fork City, and/or City of Cedar Hills of any fire code or building code violations or liabilities related to my home business. I DECLARE, the statements made on this document are TRUE AND CORRECT, under criminal penalty under the Law of the State of Utah.

SIGNATURE OF

RESPONSIBLE PARTY _____

PRINTED NAME _____

DATE _____

***If you have any questions, please call the American Fork Fire Department at 801-763-3045.**



Home Business License Application (STR, Airbnb, VRBO etc.)

CITY OF CEDAR HILLS

10246 N Canyon Road, Cedar Hills, Utah 84062—www.cedarhills.org
801-785-9668 (Phone) - 801-796-3543 (Fax)

BUSINESS INFORMATION			
Business Name:		Phone #:	
Business Address:			
City:	State:	Zip:	Fax #:
Mailing Address (if different):			
City:		State:	Zip Code:
Business Email:			
TYPE OF BUSINESS			
<input type="checkbox"/> Home Business (STR, Airbnb, VRBO etc.) *Home fire self-inspection form required * Zoning requirements			
Would you like your business information published on the City's Website? (business name, phone number, contact name, URL, and type of business) YES NO If YES, please provide your URL and a short description:			
Hours of Operation:	Total Sq. Ft. of Residence:	Total Sq. Ft. Occupied by Business:	
Business Entity/Registration #:	Federal License #, if applicable:		
Business Sales Tax #, if applicable:	State License #, if applicable:		
State Registration: (Choose one please) Corporation Partnership Sole-Proprietor LLC LP LLP	**Your State and Federal licenses (if applicable) and Business Registration (Entity) will all need to be current for us to		
General Description of business activity:			
BUSINESS OWNER INFORMATION			
Owner's Name:		Home Phone #:	
Owner's Address:		Cell #:	
Date of Birth:	Driver License # (Please include copy w/application)		
Emergency Contact & Phone #:			
PLEASE COMPLETE ALL PORTIONS OF THIS APPLICATION TO AVOID DELAY IN REVIEW & APPROVAL. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION.			

HOME BUSINESS (LOW IMPACT) LICENSE FEES

Setup Fee (New Business — One time charge) \$ 20.00

Safety Inspection Fee \$ 25.00

Copy of Business License \$ 5.00

FEE CALCULATION TOTAL \$ _____

***A HOME FIRE INSPECTION FORM IS REQUIRED FOR ALL HOME BUSINESSES.**

PLEASE SUBMIT THE FOLLOWING:

****A HOME FIRE INSPECTION FORM WITH YOUR APPLICATION.**

**** BCI (BACKGROUND CHECK-SEE BELOW)**

1. Is the Home Occupation conducted entirely within the living area of the dwelling? (No garage, accessory building, or yard space allowed) YES NO

2. Will an identification sign be displayed for the Home Occupation? (See Building Department for required permit.) YES NO

3. Will chemicals or mechanical equipment be used or stored? YES NO

4. Will commercial vehicles be located on the premises? YES NO
(If yes, see Section 3, 3-1B-1, A5.)

5. Manufacturing of any product? YES NO If yes what type: _____

6. Any exterior storage of materials or supplies? YES NO

7. Do you deal primarily with Children or the Elderly? YES NO (If yes, Background Check is required)

8. Is the Home Occupation conducted in your basement? YES NO (Approval from Building Official)

****Businesses whose primary purpose is providing services to minors or the elderly—you will need to submit a *current* Background Check from the Utah State Dept. of Safety. Their phone number is (801) 965-4445.**

For more info, you can visit: <http://publicsafety.utah.gov/bci/yourcrimrecord.html>.

****All preschools, daycares, assisted living centers and class instruction businesses will also need to contact the American Fork Fire Dept. at 801-763-3045 to schedule a yearly fire inspection. This is included in the application fee.**

If you have questions about background checks, inspections or for any Business License questions.—Please Call 801-785-9668 ext. 504

I, the undersigned, clearly understand and am fully aware of the regulations and restrictions for operating a Home Business, as stated in the supporting ordinance provided to me. I do hereby agree to abide by these regulations and restrictions in the operation of my business. I understand that my business may be inspected by an authorized representative of the City of Cedar Hills for compliance with these regulations. I also understand that this license may be revoked due to violation of the provisions of the City of Cedar Hills Code.

Business Owner's Signature: _____

Print Name: _____

Date: _____

Your business is an important and welcome part of our community.

FOR OFFICE USE ONLY:

Date Submitted: _____ Fee Received by: _____

Amount Paid: _____

BCI and or License

Safety Check List

Building Official