

Town of Paradise Community Development Department Building Resiliency Center 6295 Skyway Paradise, CA 95969 (530) 872-6291 x411

<u>SHORT TERM RENTAL</u> <u>APPLICATION CHECKLIST</u>

- Completed administrative permit application. All information should be filled in as completely as possible
- □ Administrative permit application fee
- Detailed written project description
- □ Applicant's signature/owner's signature or letter of authorization
- Detailed site plan drawn to common engineer's scale (2 copies), 1" = 20' preferred
- □ Site plan shall contain the following information:
 - □ Name, address of owner(s) and Assessor's Parcel Number of property.
 - A site location sketch indicating the location of the proposed project in relation to the surrounding area.
 - □ North arrow
 - All buildings, site improvements, and appurtenant structures to include:
 - 1. All on-site parking spaces
 - 2. Building setbacks
 - 3. Streets or roads bordering the property
 - 4. Septic tanks and leach fields

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TOWN OF PARADISE APPLICATION FOR SITE PLAN REVIEW PERMIT

Project No. PL____

(for office use only)

Applicant	Er	nail
Phone	Mailing Address	
Owner	Er	nail
Phone	Mailing Address	
Site Address		AP Number(s)
Zoning	Existing Use	Parking spaces
Project description		
Number of bedrooms		Max Occupancy
24 HR complaint & emergenc	y contact:	
(must be within a 30-minute drive of	rental and be available 7 days/we	eek)
Name	Er	nail
Phone	Mailing Address	
Relationship to property		
		HAT THE ABOVE STATEMENTS AND LETE, AND CORRECT TO THE BEST OF

MY KNOWLEDGE AND BELIEF.

Applicant's Signature	C	Date

Property Owner's Signature	Date
(If not applicant)	

Note: By signing this application form, the applicant is indicating that the project meets Town of Paradise Ordinance No. 625 and all building and safety codes.

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