



**CITY OF TALENT COMMUNITY DEVELOPMENT**

PO Box 445, Talent, Oregon 97540  
Phone: (541) 535-7401 Fax: (541) 535-7423 [www.cityoftalent.org](http://www.cityoftalent.org)

**SHORT-TERM RENTAL APPLICATION**

| PROJECT DESCRIPTION                 |                                       |       |
|-------------------------------------|---------------------------------------|-------|
| Applicant                           | Mailing Address (include city, zip)   | Phone |
| Street Address or Property Location | Email Address                         |       |
| Property Owner (if not applicant)   | Mailing Address (including city, zip) | Phone |

| Assessor's Map Number (Section, Quarter Section) | Tax Lot Number | Acres | Zone |
|--|----------------|-------|------|
| 38-1W-   |                |       |      |
| 38-1W-   |                |       |      |

**PROPERTY INFORMATION**

Property Type:

- Single Family (detached)
- Single Family (attached)
- Multi-Family (apartment)

Occupancy Type:

- Owner
- Renter/Lessee

Off-Street Parking Spaces \_\_\_\_\_

**ADDITIONAL INFORMATION**

In order to provide statistical data to the City Council for future evaluation of the City's Short-Term Rental Ordinance, please answer the following questions. **A decision on this application will not be based on this information.**

How long have you lived at this residence? \_\_\_\_\_

How long have you lived in Talent? \_\_\_\_\_

Previous use of property in the last five years (if known):

- Long-term rental (more than 30 days)
- Owner occupied
- Other: Please describe \_\_\_\_\_

In compliance with the Americans with Disabilities Act, if you need special assistance, please contact TTY phone number 1-800-735-2900 for English and for Spanish please contact TTY phone number 1-800-735-3896.

*The City of Talent is an Equal Opportunity Provider*

Primary reason for operating a short-term rental (check all that apply):

- Interaction with others
- Provide additional income necessary to remain in residence
- Other: Please describe \_\_\_\_\_

#### REQUIRED SUBMITTALS

- Form prescribed by the City and signed by the applicant.
- Copy of resident's Oregon Driver's License, Oregon Identification Card or other documentation to confirm residency at the site.
- Copy of Neighborhood Notice that was mailed or delivered to properties within 250 feet of the subject property.
- If not property owner, copy of lease/rental agreement.
- If not property owner, letter of authorization from property owner authorizing short-term rental operation.
- Site plan, including dwelling floor plan with individual rooms and parking identified.
- Completed transient occupancy tax application.
- Copy of proposed guest log.
- Copy of rental rules and regulations and emergency contact information.
- STR application fee and initial special inspection fee.

#### DEVELOPMENT STANDARDS

**Talent Zoning Code Section 18.137.070 (applicant must acknowledge each regulation below by initialing each section).**

- \_\_\_\_\_ The dwelling unit to be used as a short-term rental must be the primary residence of the of the applicant proposing to operate the short-term rental, either as an owner or a lessee. For the purposes of this Section, primary residence is defined as the place an individual considers to be the individual's true, fixed, permanent home, and the place a person intends to return to after an absence. In addition, the owner or lessee must occupy the property full-time for at least 200 days per calendar year.
- \_\_\_\_\_ The owner or lessee of the dwelling unit may lease all or part of the subject property as long as the residency requirements of this section are met.
- \_\_\_\_\_ Existing accessory dwelling units and new accessory dwelling units permitted under this Code shall not be used as short-term rentals, and owners or lessees may not occupy an accessory dwelling unit in order to make a primary dwelling available as a short-term rental.
- \_\_\_\_\_ The short-term rental must demonstrate compliance with city off-street parking standards.
  - For one- and two-bedroom dwelling units: two spaces per unit.
  - For three- or more bedroom dwelling units: two spaces per unit, and one space for each additional bedroom between three and five, for a maximum of five spaces.
- \_\_\_\_\_ Applicant shall demonstrate that the dwelling unit is in compliance with all applicable health and safety laws and regulations, including installation of smoke and carbon monoxide detectors.
- \_\_\_\_\_ Applicant shall keep a guest log recording the name, address and dates of stay for each short-term rental guest. The log shall be available for inspection by city staff at any time.
- \_\_\_\_\_ Applicant shall prominently post rental rules and regulations in the interior of the dwelling unit where they can be seen by guests. Rules shall include reference to on-street parking prohibitions, excessive noise, disturbance of neighbors, and the emergency contact information as listed in the application.
- \_\_\_\_\_ By submitting an application for a short-term rental, Applicant agrees to allow city staff to inspect the dwelling unit prior to approval of the short-term rental application, should staff determine an inspection is necessary, and at any time after approval in response to complaints, upon 24-hours-notice to the applicant.
- \_\_\_\_\_ Applicant shall provide evidence of a current city business license, and registration with the applicable state and local taxing authorities for purposes of paying state and local lodging taxes.
- \_\_\_\_\_ No exterior signs advertising the short-term rental accommodations shall be allowed.

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***I hereby certify that the statements and information contained in this are in all respects, true and correct.***

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

**REQUIRED INSPECTIONS**

A building inspection is required for the initial permit approval. Renewal applications (required every year) are subject to self-certification requirements by the resident and are submitted under a different application form.

Community Development must verify that each bedroom to be rented to overnight guests:

1. Met the Building Code requirements for a sleeping room at the time it was created or converted;
2. Has a smoke detector that is interconnected with a smoke detector in an adjacent hallway, common area, or immediate vicinity of sleeping rooms; and
3. Is located on the floor of a dwelling unit equipped with a functioning carbon monoxide alarm. Carbon monoxide alarms shall be located in each bedroom or within 15 feet outside of each bedroom door. If the dwelling unit does not have carbon monoxide source, then a carbon monoxide alarm is not required.

**\*A reinspection fee will be assessed if the required smoke detectors and carbon monoxide alarms are not installed. It will also be charged if it is determined that the sleeping room(s) were not legally created or converted.**

List the location of the bedrooms you wish to have inspected for compliance with the requirements listed above (e.g., first floor, second floor, etc.)

Bedroom 1 \_\_\_\_\_

Bedroom 2 \_\_\_\_\_

Bedroom 3 \_\_\_\_\_

Bedroom 4 \_\_\_\_\_

The STR inspection will be limited to the three inspections items above. The inspection will not evaluate the exterior or interior conditions of the home for compliance with other building code or property maintenance standards. However, certified building inspectors have an obligation to act on and pursue correction of imminent safety hazards for the protection of occupants and overnight guests.

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Examples of imminent safety hazards are exposed live electrical wires observed during the inspection of the requested bedrooms or an incident of tripping or falling due to hazardous and non-compliant stairs leading to the bedrooms. These types of imminent hazards must be addressed prior to approving the short-term rental permit. Due to this issue, property owner signature is required below to authorize the requested STR bedroom inspection.

I, the undersigned, request an inspection of my property located at:

Site Address: \_\_\_\_\_

I understand that should imminent safety hazards or illegal bedrooms be found to exist in the building or on the premises, they will be cited as violations and I will be required to correct the conditions regardless of the status of this permit application. I also understand that if the violations found are not corrected within thirty (30) days of the date of a violation letter, I may be subject to penalties under Chapter 1.15 of the Talent Municipal Code until the violations are corrected and the property is re-inspected and approved by the building inspector.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

The granting of a business license to operate a short-term rental shall be subject to payment of an annual permit fee in addition to the business license fee, and to review by the Community Development Department. If the Community Development Department determines that a short-term rental is operating in violation of the conditions of approval of this Article, the license holder shall be subject to all applicable fines and other actions under the Talent Municipal Code.

If a short-term rental licensee has been cited for one or more violations of the Talent Municipal Code that results in a fine during the term of the license, the licensee shall not be allowed to renew the license for a period of 12 months from the license expiration date.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

|                            |              |                     |                     |
|----------------------------|--------------|---------------------|---------------------|
| <i>FOR OFFICE USE ONLY</i> |              |                     |                     |
| <i>Fee Paid (Amount):</i>  | <i>Date:</i> | <i>Received By:</i> | <i>File Number:</i> |
|                            |              |                     |                     |

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# Neighborhood Notice Short-Term Rental Permit

Hello Neighbors,

The City of Talent's Title 18 Zoning Code Section 18.137 allows me to rent my residence to overnight guests on a short-term basis (less than 30 days). You are receiving this notice because as part of the permit application I am required to mail or deliver this Notice to Neighbors properties within 250 feet of my residence.

Below is a brief description of my proposed short-term rental—including how the operation will meet the zoning code regulations summarized on page 2 of this notice. I have also included relevant information you might find useful (where my guests will be parking, how they will be accessing my residence, etc.)

**Address of Proposed Short-Term Rental:** \_\_\_\_\_

**Contact Information**

Applicant/Resident: \_\_\_\_\_

Phone number (required): \_\_\_\_\_

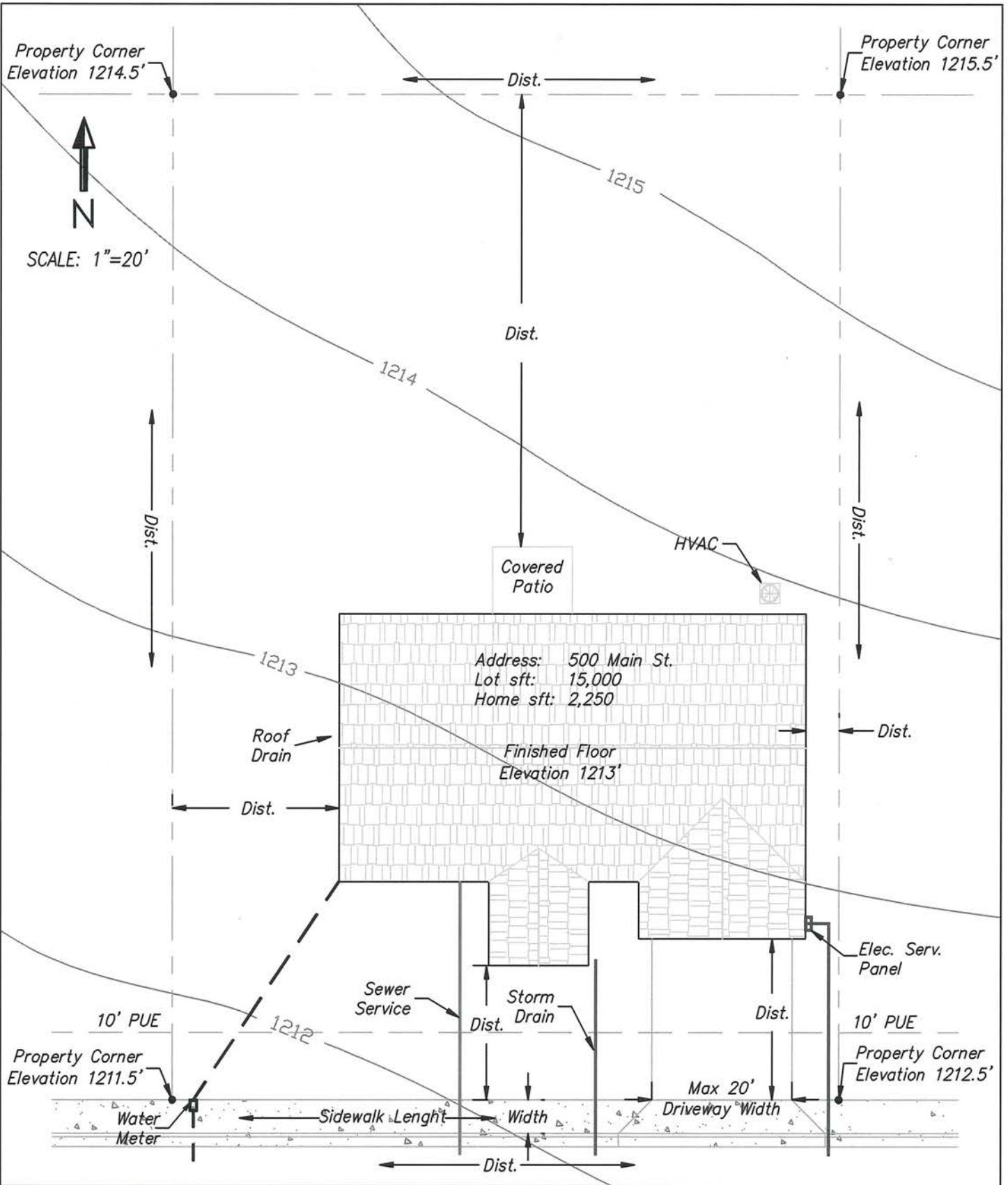
**(See reverse for additional information regarding short-term rentals)**

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## General Regulations for Short-Term Rentals

1. The dwelling unit to be used as a short-term rental must be the primary residence of the of the applicant proposing to operate the short-term rental, either as an owner or a lessee. For the purposes of this Section, primary residence is defined as the place an individual considers to be the individual's true, fixed, permanent home, and the place a person intends to return to after an absence. In addition, the owner or lessee must occupy the property full-time for at least 200 days per calendar year.
2. The owner or lessee of the dwelling unit may lease all or part of the subject property as long as the residency requirements of this section are met.
3. Existing accessory dwelling units and new accessory dwelling units permitted under this Code shall not be used as short-term rentals, and owners or lessees may not occupy an accessory dwelling unit in order to make a primary dwelling available as a short-term rental.
4. The short-term rental must demonstrate compliance with city off-street parking standards.
  - a. For one- and two-bedroom dwelling units: two spaces per unit.
  - b. For three- or more bedroom dwelling units: two spaces per unit, and one space for each additional bedroom between three and five, for a maximum of five spaces.
5. Applicant shall demonstrate that the dwelling unit is in compliance with all applicable health and safety laws and regulations, including installation of smoke and carbon monoxide detectors.
6. Applicant shall keep a guest log recording the name, address and dates of stay for each short-term rental guest. The log shall be available for inspection by city staff at any time.
7. No exterior signs advertising the short-term rental accommodations shall be allowed.
8. Applicant shall prominently post rental rules and regulations in the interior of the dwelling unit where they can be seen by guests. Rules shall include reference to on-street parking prohibitions, excessive noise, disturbance of neighbors, and the emergency contact information as listed in the application.
9. By submitting an application for a short-term rental, Applicant agrees to allow city staff to inspect the dwelling unit prior to approval of the short-term rental application, should staff determine an inspection is necessary, and at any time after approval in response to complaints, upon 24-hours-notice to the applicant.
10. Applicant shall provide evidence of a current city business license, and registration with the applicable state and local taxing authorities for purposes of paying state and local lodging taxes.
11. Applicant shall agree to provide notice to all property owners within 250 feet of the dwelling unit that is the subject of the application that the applicant intends to use dwelling unit as a short-term rental.

The full language of 18.137, Short-Term Rentals are available online at  
<https://talent.municipal.codes/>



CITY OF TALENT  
 SAMPLE SITE PLAN  
 SINGLE-FAMILY RESIDENTIAL (SFR)

DATE: 5/3/07



## BUILDING SETBACKS FOR RESIDENTIAL PROPERTY

### **What Are Setbacks?**

Structures related to residential use (single-family dwelling, duplex, apartment building, garage, storage shed, etc.) are required to be placed a minimum distance from each of the subject property's boundary lines. These distances are referred to as setbacks. The resultant open area is commonly referred to as a "yard."

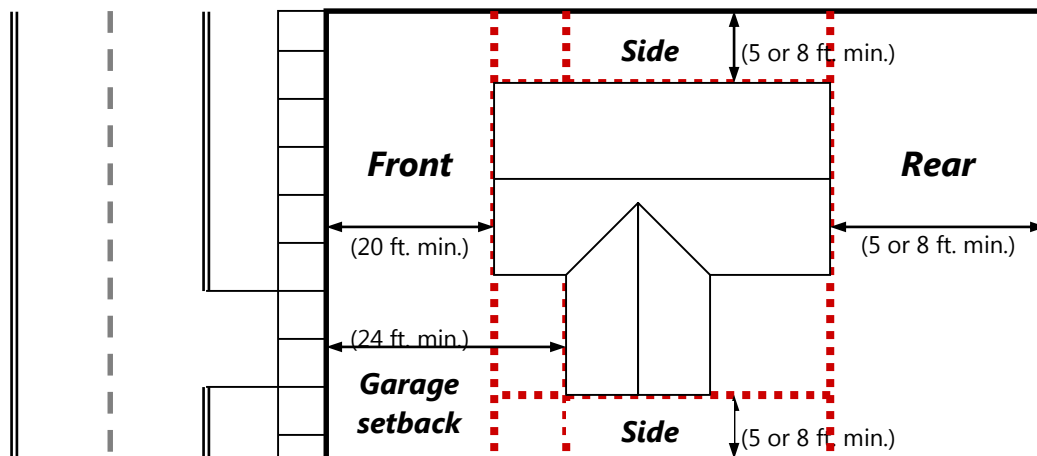
### **How Do I Determine the Setbacks That Apply to My Property?**

If you are considering any construction, it is important to know the specific setback requirements that apply to your property. Each of the residential zoning districts has its own set of setback standards. You can verify your zoning district by reviewing the Zoning Map. The setback requirements are listed in the associated zoning district Article of the Zoning Code. EXCEPTIONS: A property that is a part of a planned unit development (PUD) or, in some cases a particular subdivision, will typically have setbacks that are unique to that development.

Once you have determined your setbacks, it is recommended that the determination be verified by the City. This can be done by calling Community Development at (541) 535-7401.

The following diagram shows the standard setbacks that apply to a property in the RS-5 zoning district:

### **Residential Building Setbacks: RS-5 zoning district**



Side and rear setbacks are contingent on building height. The trigger for an increased setback is 18 feet in all residential zones. Building height is measured to the midpoint of a roof (half the vertical distance from the eaves to the ridge).

### **How Do I Locate My Property Lines?**

Before beginning any construction, you will need to locate and identify your property lines so that you can document compliance with the required setbacks. In newer subdivisions, property lines can be established by locating the property pins (monuments) set by the surveyor of the subdivision. These are typically metal or synthetic rods driven into the ground. The location of each of these is identified on the recorded subdivision plat. Pins can become covered over time by landscaping and other material and their location may not be readily apparent. For metal rods, a metal detector may aid in the search. If the pins cannot be located, it may be necessary to hire a surveyor to re-establish the property pins. The Community Development Department (541-535-7401) can also assist in a pin search by providing mapping data information that can narrow the areas to search.

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### City of Talent Finance Department

110 E. Main St. | Talent, OR 97540

**Mailing Address: PO Box 445** | Talent, OR 97540

Phone: 541-535-7401 | Fax: 541-535-7423 | Email:

[finance@cityoftalent.org](mailto:finance@cityoftalent.org) Website: [www.cityoftalent.org](http://www.cityoftalent.org)

#### OFFICE USE ONLY

Date received

Planning File #

Account number

## Transient Room Tax Registration Form

| Contact Information   |                                 |                 |                             |          |
|---|---------------------------------|-----------------|-----------------------------|----------|
| Name of applicant   |                                 |                 | Tax ID number (FEIN or SSN) |          |
| Mailing address   |                                 | City            | State                       | Zip code |
| Physical address of rental property (if different)  |                                 | City            | State                       | Zip code |
| Name of property owner  |                                 | Phone number    | Email address               |          |
| Mailing address (if different from applicant)   |                                 | Phone number    | Email address               |          |
| Business Information  |                                 |                 |                             |          |
| If seasonal, which months are open?   | Date business started operating | Website address |                             |          |
| Type of business (check all that apply):  |                                 |                 |                             |          |
| Hotel/Motel   | Number of spaces/rooms          | _____           |                             |          |
| Short-Term Rental   | Number of spaces/rooms          | _____           |                             |          |
| Type of business organization:  |                                 |                 |                             |          |
| <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation |                                 |                 |                             |          |
| Names of owners, partners, or corporate officers (use additional sheet if necessary):   |                                 |                 |                             |          |
| Name  | Title                           |                 | Phone number                |          |
| Mailing address   |                                 | City            | State                       | Zip code |
| Name  | Title                           |                 | Phone number                |          |
| Mailing address   |                                 | City            | State                       | Zip code |
| Signature   |                                 |                 |                             |          |
| <i>I declare, under penalty of false swearing, that to the best of my knowledge, the information herein is true, correct, and complete.</i>   |                                 |                 |                             |          |
| Signature   |                                 | Title           |                             | Date     |
| Print name signed above   |                                 | Phone number    | Email address               |          |

**Completed registration form may be submitted via mail, fax, or email using the contact information located above.**

CITY OF TALENT  
OFFICE OF THE CITY MANAGER  
P.O. BOX 445, TALENT, OR 97540 (541)535-1566

BE SURE THIS FORM IS FILLED IN COMPLETELY AND CORRECTLY. PENALTIES AND INTEREST ARE ASSESSED FOR DELINQUENCY. PAYMENT IS DUE ON THE 10<sup>TH</sup> DAY, FOLLOWING THE END OF THE MONTH.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

PERIOD COVERED: \_\_\_\_\_  
DATE DUE: \_\_\_\_\_  
NO. OF ROOMS/SPACES: \_\_\_\_\_

CHANGE OF ADDRESS must be filed and reported to the City Manager.

IF BUSINESS IS DISPOSED OF OR SUSPENDED, closing return must be filed immediately at the Office of the City Manager, City Hall, and the tax due must be paid. No change of ownership can be recorded until this is done.

CHECKS, CASH, DRAFTS, POSTAL NOTES AND MONEY ORDERS in the exact amount of tax due are accepted by the Office of the City Manager only as agent of the taxpayer and do not constitute payment until cleared. The Office of the City Manager assumes no responsibility for loss in transit. Postmark date is considered the date of delivery. Please do not mail cash.

REMITTANCE: Avoid penalty – be sure proper remittance is enclosed.

MAKE CHECKS PAYABLE TO:

**CITY OF TALENT**  
110 East Main Street  
P.O. Box 445  
Talent, OR 97540

**CALCULATION SECTION**

1. GROSS RENT..... \_\_\_\_\_  
LESS- ALLOWABLE DEDUCTIONS:
2. Rent (by month)..... \_\_\_\_\_
3. Rent by Gov't employees..... \_\_\_\_\_
4. Total Allowable Deductions  
(Lines 2 plus 3)..... \_\_\_\_\_
5. Taxable Rents  
(Line 1 minus Line 4)..... \_\_\_\_\_
6. TAX 6% of Line 5..... \_\_\_\_\_
7. ADD Excess Tax collected..... \_\_\_\_\_
8. TOTAL TAX DUE  
(Line 6 plus Line 7)..... \_\_\_\_\_
9. Penalty...10% of Line 8..... \_\_\_\_\_
10. Interest...0.5% per month..... \_\_\_\_\_
11. Adjustment for Prior Shortage  
Or (Overpayment)..... \_\_\_\_\_
12. TOTAL TAX, PENALTY AND INTEREST  
(Line 8 plus Lines 9, 10, & 11 or  
Subtract Line 11 if overpayment) \_\_\_\_\_
13. Motel Owners Retention:  
1% of Line 8..... \_\_\_\_\_
14. Amount to be Paid  
(Line 12 minus Line 13)..... \_\_\_\_\_

I DECLARE, UNDER PENALTY OF MAKING A FALSE STATEMENT, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS HEREIN ARE CORRECT AND TRUE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# City of Talent

## 2019 Business License Application

110 E. Main St/PO Box 445 Talent, OR 97540  
 Main (541)535-1566 Fax (541)535-7423 Email: finance@cityoftalent.org  
 \*\*\*PLEASE PRINT OR TYPE\*\*\*

|   |
|---|
| Name of Business<br>Or Corporation: _____ |
| DBA: _____                                |

|   |  |
|---|--|
| <b>Mailing Address:</b><br>_____<br>_____<br>_____<br>_____ | <b>Premises Address:</b><br>_____<br>_____<br>_____<br>_____ |
|---|--|

**Owner(s):** (if more than 2 attach a separate page) **New Location:** \_\_\_ Y or \_\_\_ N  
**New use at existing location:** \_\_\_ Y or \_\_\_ N

1: \_\_\_\_\_ 2: \_\_\_\_\_  
 Full name Contact# Full Name Contact#

|                                |                               |
|--------------------------------|-------------------------------|
| <b>Email:</b> _____            | <b>State License #:</b> _____ |
| <b>Type of Business:</b> _____ |                               |
| <b>Business Phone:</b> _____   |                               |

Existing Talent Business  New Business  Home Occupation: New \_\_\_ Existing \_\_\_ N/A \_\_\_

| FEE SCHEDULE   | 2019 |
|--|------|
| Initial fee: License period \$60.00 (Jan.-Dec.) \$30.00 (Jul.-Dec.)                      |      |
| # of employees working within the City limits over 2, (____x \$5.00)                     |      |
| Late Fee (Renewals only): \$10.00 per month for payments made after Feb. 1 <sup>st</sup> |      |
| <b>Total Enclosed</b>  |      |

**Please initial and sign below. Applications without both initials and signature will delay the process.**

\_\_\_\_\_(Initials) I understand that approval of a business license application shall not be construed to constitute a permit to engage in any activity prohibited by a law or a waiver of any other regulatory license requirement imposed by federal, state, or local law. A business license does not imply or indicate the City's endorsement of any business or business activity. An approved business license is required before conducting business within the City.

**Applicant's signature:** 1: \_\_\_\_\_ 2: \_\_\_\_\_

\*\*\*\*\* **OFFICE USE** \*\*\*\*\*

|   |
|---|
| Land Use Approval Required: ___ Y ___ N Comm. Dev. Approval: Signature: _____ Date: _____ |
|---|

| 2019                      | DATE PAID | RECEIPT NO. | AMT PD. | BUSINESS LIC. # |
|---------------------------|-----------|-------------|---------|-----------------|
| Business License          |           |             |         |                 |
| Community Development Fee |           |             |         | N/A             |

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