



**APPLICATION**  
for SHORT-TERM RENTAL PERMIT

STR Permit Number: \_\_\_\_\_  
Issued by: \_\_\_\_\_ Date: \_\_\_\_\_  
New ☐ Renewal ☐  
STR Permit Fee: \$100  
CC / Cash / Check No. \_\_\_\_\_ By: \_\_\_\_\_

Dunes City Code, Ordinance Number 256-B, defines short-term rentals as any portion of a property rented for less than 30 consecutive days.

***Oregon law requires a Land Use Compatibility Statement (LUCS) and a Dept. of Environmental Quality (DEQ) Authorization to Use Existing Systems (OAR 340-071-0205) for any change of use (a change from single-family residential use to vacation rental/commercial use).***

Property Address of proposed STR: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Owner Email: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Occupied? Yes ☐ No ☐ Whole House Rental? Yes ☐ No ☐

Maximum Number Overnight Guests: \_\_\_\_\_ Maximum Number Day Use Guests: \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of off-Street Parking Spaces: \_\_\_\_\_

***Emergency Vehicles MUST be able to reach the residence and be able to turn around, or this application will not be approved.***

Garbage Collection Day: \_\_\_\_\_ H.O.A.? Yes ☐ No ☐

Dunes City Code requires each short-term/transient rental owner to provide a local contact , who can be at the rental property within fifteen (15) minutes of receiving a call for complaints or maintenance emergencies, 24 hours a day, seven days a week, including holidays. Please provide the local contact information below:

Local Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

Local Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If any information on this form changes, please update Dunes City records within 10 business days, or 30 calendar days, whichever is less.***

***By signing below, I/we affirm that all information provided on this form is accurate and current.***

PRINT Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Hall 82877 Spruce St.  
P.O. Box 97 Westlake OR 97493  
541.997.3338 www.dunescityhall.com

Map and Tax Lot: \_\_\_\_\_

**For Dunes City Office Use Only:**

Map & Tax Lot: \_\_\_\_\_

**LUCS attached?** Yes ☐ No ☐

**DEQ Authorization Notice attached?** YES ☐ NO ☐

**Site Plan attached?** Yes ☐ No ☐

**Planning/Land Use Review:**

Date: \_\_\_\_\_ Approved? Yes ☐ No ☐ By: \_\_\_\_\_

**Permit Review :**

Date: \_\_\_\_\_ Approved? Yes ☐ No ☐ By: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_