



Development Services

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

APPLICATION FOR SHORT TERM RESIDENTIAL RENTAL (RENEWAL)

General Information

DATE OF APPLICATION: _____

PRIOR PERMIT NUMBER: _____

STREET ADDRESS: _____

OWNER(S) OF RECORD:

Name: _____

Mailing Address: _____

City/State/Zip: _____ Phone: _____

E-mail: _____

PERSON(S) AUTHORIZED TO REPRESENT THE OWNER(S) AND TO WHOM ALL CORRESPONDENCE IS TO BE SENT (IF DIFFERENT THAN OWNER):

Name: _____

Mailing Address: _____

City/State/Zip: _____ Phone: _____

E-mail: _____

Short Term Residential Rental Permit Requirements

1. Have there been any changes to the property or any structures, such as your house, since your last application? If so, please describe:

2. Has there been any change in the status of (a) your Health Department license; or (b) your bed tax registration? If so, please describe and attach updated copies:

3. After submitting this application, you will be contacted by the Kalispell Building 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 Building Department phone number is (406) 758-7730.

4. 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. Any updated contact information will be included in a notice sent by our office to property owners within 150 feet of your property:

Contact Name: _____

Phone Number: _____

Other Contact Information: _____

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in connection with this application be incorrect or untrue, I understand that any approval based thereon may be rescinded, and other appropriate action taken.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 RENEWAL APPLICATION

1. Submit the correct fee (per schedule below), completed application and any appropriate attachments to the Kalispell Planning Department (address on the front of this form).

Fees: \$75/unit

2. If there is updated contact information, a part of processing the permit 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.