



SHORT-TERM RENTAL PERMIT RENEWAL APPLICATION
TYPE 2 (NON-OWNER OCCUPIED)

Application fee of \$150 is due upon submittal
Permit shall be renewed annually and the renewal fee of \$150 is due upon submittal.

Site Address:

Business Name:

Property/Business Owner:

Phone: E-mail address:

UBI #:

Applicant Name:

Phone: E-mail address:

Emergency Contact Name (Local & available 24 hr / 7 days per week):

Phone: E-mail address:

Required Documents *see examples (for security reasons we only accept PDF files):

Verification of continued use as a short-term rental for the previous year (rental history)

Documentation showing lodging and business taxes have been paid for all short-term rental use through the previous quarter from the expiration date

Copy of State business license with City endorsement

Information identifying all websites and other locations where availability of the short-term rental is posted or advertised. Provide screenshots of advertisements.

Documentation that owner has current property insurance & liability coverage for the short-term rental.

Has the Floor Plan changed since the last submittal? Yes No
If yes, provide new layout including dimensions, room labels, location of egress.

Has the Site plan changed since the last submittal? Yes No
If yes, provide new site plan showing structures and, if available, on-site parking.

Acknowledgement of receipt of Good Neighbor Guidelines. Initial here:

A site visit and inspection of the short-term rental site will be conducted by the Building Official and/or inspector prior to approval to verify compliance with applicable regulations.

I certify, by checking this box and printing my name below, that the information submitted in this application packet is true and accurate. Determination of information to be in error could result in revocation of permit. I understand that this application is not deemed filed until fees are paid.

Printed Name of [] Property Owner OR [] Owner's Authorized Agent Date: _

SHORT-TERM RENTAL DOCUMENTATION CHECKLIST TYPE 2 (NON-OWNER OCCUPIED)

Verification of continued use as a short-term rental includes a certified list of rentals including dates, number of rental nights, and payments received.

The certification must include the following language:

"I certify under penalty of perjury under the laws of the state of Washington that the content of the certified list of rentals is true and accurate."

01/01/21 - Walla Walla, WA

John Smith

(Date and Place of Signing)

(Signature)

Documentation showing all **applicable taxes have been paid** for all short-term rental use in the previous year (submit one):

- Annual Combined Excise Tax Return from Washington State Department of Revenue
- A certified income/disbursement report from listing agent for applicants whose listing agent pays all applicable taxes of their behalf.

The certification shall include the following language:

"I certify under penalty of perjury under the laws of the state of Washington that the content of the certified income/disbursement report is true and accurate."

01/01/21 - Walla Walla, WA

John Smith

(Date and Place of Signing)

(Signature)

Copy of State business license with **City endorsement**. City of Walla Walla Business License endorsement can be obtained through Washington State Department of Revenue.

<https://dor.wa.gov/manage-business/city-license-endorsements/walla-walla>

Information identifying all websites and other locations where availability of the short-term rental is posted or advertised includes screenshots or photos of all websites and other locations where the short-term rental is advertised; including listing number or the name of the property as listed

Documentation that owner has current property insurance & liability coverage shall include verbiage showing that short-term rental use is specifically included in the policy.

SHORT-TERM RENTAL INSPECTION CHECKLIST

****A \$65 reinspect fee shall be assessed if the below items are not complete before the first scheduled inspection walk-through****

Please contact Development Services at (509) 524-4710 with any questions

Smoke detectors shall be interconnected. Interconnected means that if one alarm activates, then all alarms activate automatically. Interconnectivity should be tested before inspection by pushing the test button on one of the detectors; all detectors must sound.

When choosing a wireless system be sure that the carbon monoxide and the smoke detectors talk to each other. Combination carbon monoxide / smoke detector may have to be selected for all detectors to accomplish complete interconnectivity. For example, the Nest Protect is one of the systems that meets this criterion.

Smoke detectors shall be located in every bedroom and outside every bedroom.

Carbon Monoxide / Smoke detector combo on every level and habitable attics

Fire extinguishers, type 2A10BC, on every level

Minimum ceiling height of 7 feet for habitable space

Every living room shall contain not less than 120 sq ft

Every bedroom shall contain not less than 70 sq ft, and every bedroom occupied by more than one person shall contain not less than 50 sq ft of floor area for each occupant for example:

1 occupant = 70 sf; 2 occupants = 100 sf; 3 occupants = 150 sf

Means of egress from basement bedrooms

Pool meets requirements of International Residential Code for fencing. Alarms on doors or windows leading to the pool or safety cover that is ASTM F1346 compliant

Good Neighbor Guidelines provided in a conspicuous location within the short-term rental

****During your inspection, there may be other items required by the inspector that are not on this list but specific to your building and location (not subject to reinspect fee)****

- The above items must be installed/verified before the inspection occurs. Any incomplete items may require a 2nd walk-through which assesses a \$65 reinspect fee.
- Development Services will contact you to schedule the inspection.



GOOD NEIGHBOR GUIDELINES

DEVELOPMENT SERVICES DEPARTMENT

55 E Moore Street
Walla Walla, WA 99362

509.524.4710
permits@wallawalla.gov

APPLICATIONS AVAILABLE AT:
wallawalla.gov

Good Neighbor Guidelines

To ensure an enjoyable stay, please remember you are within a neighborhood and respect your neighbors.

NOISE

Loud noises in residential areas, including loud music and raucous social gatherings, are prohibited. Violation of the noise ordinance may lead to a misdemeanor charge and be subject to a fine not to exceed \$1,000, up to ninety days in jail, or both.

PARKING

Please park on-site, if there are available off-street parking areas, and obey any posted parking signs. Please be mindful of the neighbors when parking cars on the street. In many areas, on-street parking is limited and utilizing this parking can have a negative impact on surrounding residents. In addition, do not block driveways or fire hydrants.

REPORTING

City residents may call the Walla Walla Police Department to report an issue. The non-emergency number is 509-527-1960. If you are experiencing an emergency, please dial 911.

City residents may also call the short-term rental local contact. The contact list may be found on the city's website here. www.wallawalla.gov

YOU ARE STAYING IN A NEIGHBORHOOD

Please use common courtesy and respect the neighborhood in which you are staying. Violations can result in citations, fines, and a revocation of the short-term rental authorization.

EVENTS NOT PERMITTED

Events such as bachelor/bachelorette parties, weddings, receptions, corporate retreats, family reunions, or other large events are not permitted. You are renting a residential property and the use is to be consistent with City of Walla Walla regulations

ABC SHORT-TERM RENTAL - WALLA WALLA
RENTAL HISTORY REPORT

Date Checked In	Date Checked Out	Total Nights	Fee Paid	Occupancy Taxes Paid
1/10/2020	1/15/2020	5	\$1,495.00	\$187.83
1/20/2020	1/24/2020	4	\$1,196.00	\$150.27
2/10/2020	2/15/2020	5	\$1,495.00	\$187.83
2/23/2020	2/25/2020	2	\$598.00	\$75.13
3/2/2020	3/5/2020	3	\$897.00	\$112.70
3/17/2020	3/21/2020	4	\$1,196.00	\$150.27
4/15/2020	4/17/2020	2	\$598.00	\$75.13
5/1/2020	5/5/2020	4	\$1,196.00	\$150.27
5/3/2020	5/5/2020	2	\$598.00	\$75.13
5/25/2020	5/29/2020	4	\$1,196.00	\$150.27
6/1/2020	6/3/2020	2	\$598.00	\$75.13
6/8/2020	6/10/2020	2	\$598.00	\$75.13
6/15/2020	6/17/2020	2	\$598.00	\$75.13
6/21/2020	6/24/2020	3	\$897.00	\$112.70
6/26/2020	7/1/2020	5	\$1,495.00	\$187.83
7/10/2020	7/13/2020	3	\$897.00	\$112.70
7/13/2020	7/15/2020	2	\$598.00	\$75.13
7/20/2020	7/23/2020	3	\$897.00	\$112.70
7/23/2020	7/25/2020	2	\$598.00	\$75.13
8/1/2020	8/4/2020	3	\$897.00	\$112.70
8/4/2020	8/7/2020	3	\$897.00	\$112.70
8/20/2020	8/22/2020	2	\$598.00	\$75.13
8/22/2020	8/24/2020	2	\$598.00	\$75.13
8/27/2020	9/1/2020	5	\$1,495.00	\$187.83
9/10/2020	9/12/2020	2	\$598.00	\$75.13
9/15/2020	9/18/2020	3	\$897.00	\$112.70
9/25/2020	9/27/2020	2	\$598.00	\$75.13
9/27/2020	9/29/2020	2	\$598.00	\$75.13
10/10/2020	10/15/2020	5	\$1,495.00	\$187.83
11/24/2020	11/29/2020	5	\$1,495.00	\$187.83
12/3/2020	12/5/2020	2	\$598.00	\$75.13
12/20/2020	12/29/2020	9	\$2,691.00	\$338.10

I certify under penalty of perjury under the laws of the state of Washington that the content of the certified list of rentals is true and accurate.

(Date and Place of Signing)

(Signature)

**Washington State Department of Revenue
Combined Excise Tax Return**

UBI ###-###-###

ABC Short-Term Rental - Walla Walla

Filing Period: December 31, | Filing Frequency: Annual
Due Date: January 31,

Business & Occupation

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Retailing	1234.56		1234.56	0.1234	1234.56
Total Business & Occupation					1234.56

Business & Occupation Credits

Small Business Credit	133.88
Total B&O Credit	133.88

State Sales and Use

Tax Classification	Gross Amount	Deductions	Taxable Amount	Tax Rate	Tax Due
Retail Sales	1234.56		1234.56	0.1234	1234.56
Total State Sales and Use					1234.56

Find Location by Address

Local City and/or County Sales Tax

Code	Location	Taxable Amount	Tax Rate	Tax Due
3604	WALLA WALLA CITY	1234.56	0.1234	1234.56
		1234.56		1234.56

Transient Rental Income Information

No Transient Rental Income to Report

Transient Rental Income

Location	Income	Required Local Sales Lo
3604 - WALLA WALLA CITY	1234.56	3604
		1234.56

Special Hotel/Motel Tax

No Special Hotel/Motel Activity to Report

Special Hotel/Motel

Location	Sales From	Sales Through	Taxable Amount	Tax Rate	Tax Due	Required Local Sale
3604 - WALLA WALLA CITY			1234.56	0.1234	1234.56	3604
			1234.56		1234.56	

EXAMPLE
WEBSITE
LISTING

Romantic terring one cottage - Walk to New Hope



Entire cottage hosted by Eleanor
2 guests · 1 bedroom · 1 bed · 1 bath



\$200 \$148 / night 4.96 (75)

Travel safe: Be sure to follow any government safety guidelines for travel. Visit our help article

Where: New Hope, Pennsylvania, United States of America

Check in: Check out: Guests: Search



\$157 avg/night
★★★★★ 39 Reviews
Wonderful! 4.9/5

Enter dates for accurate pricing

Check in

Guests

Book

Free cancellation up to 30 days before check-in

Eleanor Miller
Ask Manager

EXAMPLE
WEBSITE
LISTING



MOULLEDA03

KYELENICH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/4/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ex)	
INSURED	E-MAIL ADDRESS:	
	ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR			12/9/10	12/9/11	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIBID AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in WA) If yes, describe OPERATIONS below	<input type="checkbox"/> Y/N	<input type="checkbox"/> W/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS (Mandatory in WA) 01. Additional Remarks Schedule may be attached if more space is required)
COVERAGE IN PLACE IS FOR **SHORT TERM RENTAL** LOCATED AT WALLA WALLA WA 99362

CERTIFICATE HOLDER City of Walla Walla 55 E Moore St Walla Walla, WA 99362	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Kyelenich</i>
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**FOREMOST BASICS™
DECLARATIONS PAGE**

Underwritten by: **Foremost Insurance Company**
Grand Rapids, Michigan
Home Office: P.O. Box 2450
Grand Rapids, Michigan 49501

POLICY NUMBER:
RENEWAL OF:
POLICY PERIOD BEGINNING 10/26/ **ENDING** 10/26/ 12:01 A.M. STANDARD TIME

YOU AS NAMED INSURED AND YOUR ADDRESS

YOUR POLICY IS SERVICED BY

AGENCY CODE:

TELEPHONE:

COVERAGES: Coverage is provided only where an Amount of Insurance or a Limit of Liability is shown and a premium is stated for the Peril Insured Against. Detailed descriptions and any limitations will be found in your policy.

LOCATION # 1

IMPORTANT RATING INFORMATION

PREMISE DESCRIPTION:	WALLA WALLA WA 99362-3320		
CONSTRUCTION:	FRAME	TERRITORY:	B
FAMILIES:	1	PROT. CLASS:	4
OCCUPANCY:	VACATION & SHORT TER	RESP. FIRE DEPT.:	WHPD
HYDRANT:	WITHIN 1,000 FEET	COUNTY:	WALLA WALLA
FIRE DEPT.:	WITHIN 5 MILES		
		YR. BUILT:	
		FORM:	DF3

MORTGAGEE #1

LOAN NO.:

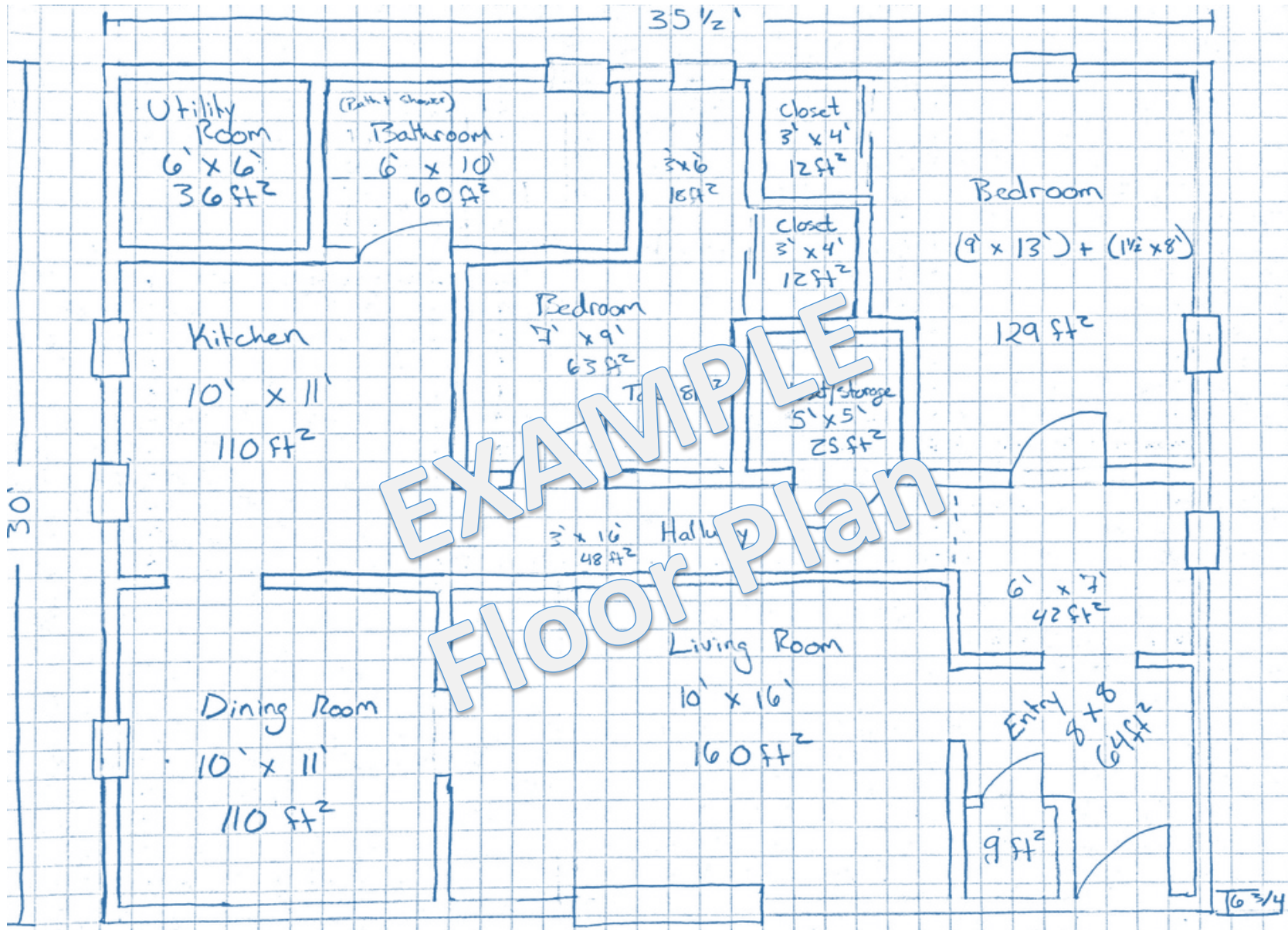
SECTION I COVERAGES	AMOUNT OF INSURANCE	ADD'L/RETURN PREMIUM	ANNUAL PREMIUM
1. DWELLING	\$		\$
2. PERSONAL PROPERTY	\$		\$
3. LOSS OF RENTS (1/12 PER MONTH)	\$		\$

SECTION I LOSSES ARE SUBJECT TO A DEDUCTIBLE OF: ALL PERILS

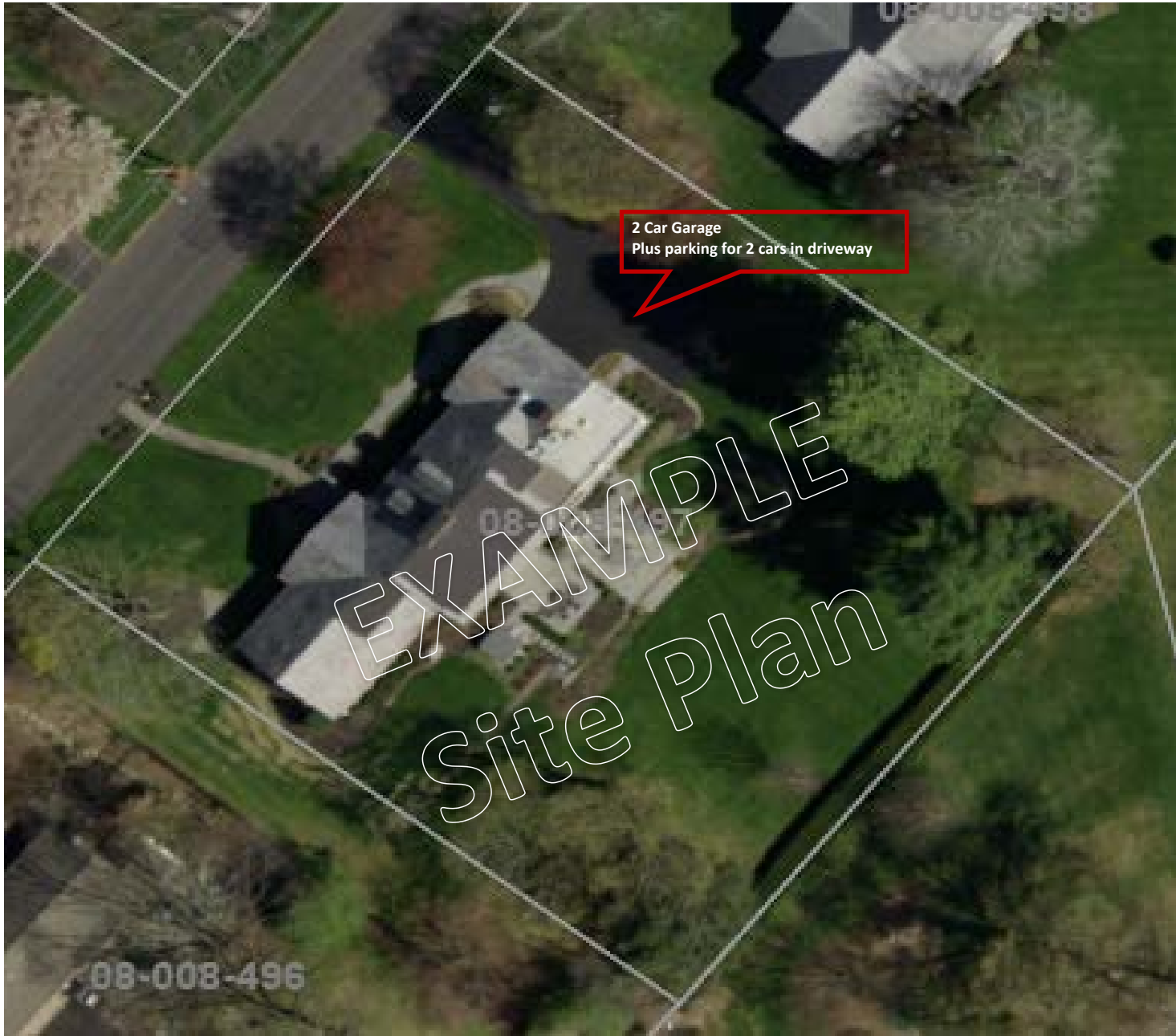
Policy Number: 381 -5001246920 -01
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381-5001246920

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PAGE 1 CONTINUED



EXAMPLE
Floor plan



2 Car Garage
Plus parking for 2 cars in driveway

EXAMPLE
Site Plan

08-008-496

08-008-498

08-008-497