



# Planning Department

130 6TH STREET WEST  
ROOM A  
COLUMBIA FALLS, MT 59912

PHONE (406) 892-4391

FAX (406) 892-4413

## CONDITIONAL USE PERMIT VACATION RENTALS DETERMINATION REQUEST

Name of Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_, Zip Code \_\_\_\_\_

Assessor Number \_\_\_\_\_ Legal Description \_\_\_\_\_

Zoning \_\_\_\_\_ Size of home (bedrooms) \_\_\_\_\_

Please review 18.445 attached and complete the information related to your proposed rental. If more space is needed, attach additional information on a separate sheet.

---



---



---



---

### CHECKLIST

Number of Bedrooms (Allowable dwelling unit density based on zoning)	
# off street <b>PAVED</b> parking spaces provided	
Dwelling has appropriate smoke detectors as determined by Fire Marshall? (Please Attach Report)	
Dwelling has appropriate egress windows for each bedroom as determined by Fire Marshall? (Please Attach Report)	
State of MT Public Accommodation License for Tourist Home – License # (Please Attach)	
Flathead City-County Health Department inspection (Please Attach Report)	
<u>UPON APPROVAL</u> : City of Columbia Falls business license - # and expiration date	
Register for the Montana State Bed Tax (Please Attach)	
Is the property subject to Homeowner's Association covenants or restrictions?	Yes      No
If yes, obtain permission from HOA and attach to application	
Results of Zoning Administrator inspection:	
Local Contact information:	
Name	
Phone #	
Email	
Address	

Based on the information provided herein, the Zoning Administrator will determine whether the application describes a Vacation Rental as defined in the Zoning Code, Section 18.445.

I certify that all of the information contained in this application is true and correct to the best of my knowledge.

Homeowner's Signature/printed name

Date

ADMINISTRATIVE USE ONLY: This qualifies as a Vacation Rental: Yes_____ No_____	
Zoning Administrator's Signature	Date
Fee: Administrative Residential: <b>\$325.00</b>	Date paid: _____
If not eligible for administration approval, is applicant applying for a Conditional Use Permit?	
Yes _____	No _____
Comments/Follow up: _____	
_____	

**Administrative Conditional Use Permit (ACUP) Process:**

Once the Vacation Rental Determination Checklist has been completed and submitted, the ACUP process begins. The ACUP permit fee is \$325.00 which includes the Adjacent Landowner (ALO) List from the County and the Adjacent Landowner Letters. This list contains adjacent landowners within 150 ft from your property line, not including roads. If the property borders HOA owned property, then a letter is sent to every HOA member. Upon receipt from County, typically in one week, a letter notifying the Adjacent Landowners of the application and providing for comment is sent by the Planning & Zoning Administrator. There is a 15-day public comment period. If any concerns arise, they will be addressed by the City Manager/Zoning Administrator. The time this process takes is approximately 30 days after the completed Vacation Rental Determination Checklist is submitted.

**The ACUP is \$325.00. The fee is due before the ALO list can be ordered. The \$325.00 includes the ACUP, Adjacent Landowner List, and Adjacent Landowner Letters.**

**If the owner begins renting the home before the permit is completed, the fee is \$500.00.**

**Ordinance 732 – Adopted July 16, 2012:**

**18.600 Definitions:**

**Residential.** A structure regularly used by its occupants as a permanent place of abode, which is made one's home as opposed to one's place of business and which has housekeeping and cooking facilities for its occupants only. In situations where a dwelling is rented or leased, a residential use would involve lease periods of one month or more.

**Vacation Rental.** A residential use that allows paid visitors to rent an entire house, townhouse unit, condominium unit, apartment or other residence located in the applicable zoning district for a period of between one and thirty days. In Columbia Falls, this use requires an Administrative Conditional Use Permit if proposed in suburban agricultural and residential zoning districts. Vacation rentals are not Bed and Breakfast, Hostel, Lodge, Motel or Hotel establishments and shall not provide food or beverages for sale on premises or with the rental of the dwelling.

**Chapter 18.445 VACATION RENTALS**

**18.445.010 Applicable Zoning Districts.**

The Vacation Rentals may apply for a conditional use permit within the CSAG-20; CSAG-10; CSAG-5; CR-1; CR-2; CR-3; CR-4; CR-5; and CRA-1 zoning districts. Vacation Rentals within the CB-2, CB-4 and CB-5 are permitted uses

**18.445.020 Administrative Conditional Use Permit Standards**

Any property owner within an applicable zoning district (18.445.010) wishing to rent their unit for period of thirty days or less shall complete and submit, with filing fee, an Administrative Conditional Use Permit Application Form with the City of Columbia Falls. The Administrative Conditional Use Permit shall ensure the follow standards are meet:

1. Units rented shall not exceed the allowable dwelling unit density of the underlying zoning district. A unit is defined as a rentable, lockable space within a building containing a kitchen or kitchenette.
2. The property owner shall provide the name of a local contact person that shall be responsible for handling any problems that arise with the property.
3. Each unit for rent shall provide a minimum of two off-street parking spaces.
4. Each unit will provide a sign-off of the Fire Marshall from the Columbia Falls Fire Department that indicates the dwelling has smoke detectors and egress windows for each bedroom.

000154

5. Each unit shall provide a State of Montana Public Accommodation License for a Tourist Home. This License is administered by the Flathead City-County Health Department and is subject to annual inspections.
6. There will be no signage advertising the nightly rental of properties within the Suburban Agricultural or Residential zoning districts.
7. If located in the City Limits, provide proof of a Columbia Falls City Business License. (Note: All Vacation Rental units are subject to and the owners are responsible for collecting the State's Bed Tax)
8. An inspection of the unit by the Zoning Administrator or his/her designee shall ensure that the dwelling in question conforms to the land use provisions of the Columbia Falls Zoning Ordinance.
9. The property owner shall understand that a violation of any of these conditions as well as repeated complaints of disturbing the peace related to the property shall result in suspension and possible revocation of the Administrative Conditional Use Permit.
10. The applicant is responsible for reviewing and adhering to all Covenants, Conditions and Restrictions in place. The City shall not be responsible for the applicant's determinations as to compliance with such Covenants, Conditions and Restrictions and shall have no duty to enforce them.