



PLANNING DIVISION | COMMUNITY DEVELOPMENT DEPARTMENT

30001 Ladyface Court, Agoura Hills, CA 91301

(818) 597-7337

www.agourahillscity.org

APP - 03	Rev. July 2023
DATE: _____	_____
STR PERMIT NO. _____	_____
BUSINESS LICENSE NO. _____	_____

SHORT-TERM RENTAL APPLICATION

DWELLING UNIT INFORMATION

Assessor Parcel Number(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Unit: Single-Family Home Condominium (Individually-owned unit) Multi-Family (Applicant must be owner)

Number of Bedrooms: _____ Parking Spaces: _____ Occupancy Limit: _____ (twice the number of bedrooms plus 2, not to exceed 14)

“Bedroom” means any habitable space in a dwelling unit other than a kitchen or living room that is intended or capable of being used for sleeping, is at least 70 square feet in area, is separated from other rooms by a door, and is accessible to a bathroom without crossing another bedroom.

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

All correspondence will be mailed to this address. By submitting this application, you are agreeing to receive all citations, violations and penalties related to this application and permit at this address.

24/7 CONTACT INFORMATION

The owner or designated owner’s agent must be available twenty-four (24) hours a day, seven (7) days a week, at the phone number provided below to answer any call from the City, an agent authorized by the City to make such calls, and any guests staying at the property when the dwelling unit is being rented. The owner may designate an owner’s agent with access to the dwelling unit and authority to fix any problems or violations of the City of Agoura Hills Municipal Code. Any changes to the 24/7 contact information must be submitted to the City for approval, and the required Code of Conduct posting shall be updated to reflect the new contact information prior to the unit being occupied by a guest. The contact information will be made available to the public upon request.

Name: _____ Phone: _____

OPERATOR (MANAGING AGENT) INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

APPLICANT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I hereby attest that I have read, understand, and agree to comply with the requirements for short-term rental businesses outlined in Chapter 10 of Article VI of the Agoura Hills Municipal Code. **Applicant Signature:** _____

PROPERTY OWNER ATTESTATION / INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

I hereby verify that I have read, understand, and agree to comply with the requirements for short-term rental businesses outlined in Chapter 10 of Article VI of the Agoura Hills Municipal Code. Initials: _____

I hereby attest that any person or entity with legal or equitable title to the dwelling unit does not have legal or equitable title to any other dwelling unit within the City currently operating as a short-term rental. Initials: _____

I understand that the owner or operator is required to collect and remit transient occupancy tax to the City and comply with all City transient occupancy tax requirements as set forth in Chapter 5 of Article VI of the Agoura Hills Municipal Code. I have paid all transient occupancy tax owed to the City as of today's date. Initials: _____

I hereby verify that there are no affordability covenants or other affordability deed restrictions on the property that prohibit or limit the use of the dwelling unit as a short-term rental, including but not limited to affordable housing regulatory agreements and accessory dwelling unit covenants. Initials: _____

I hereby verify that there are no outstanding code enforcement violations on the property. Initials: _____

I agree to provide full access to the property and documents related to compliance with Chapter 5 and Chapter 10 of Article VI of the Agoura Hills Municipal Code, during normal City Hall business hours or at any time the dwelling unit (or portion thereof) is rented, immediately upon request by the City Manager or their designee for purposes of inspection or audit in compliance with federal and state law. Initials: _____

If I have listed an operator in this application, I will ensure that operator fulfills my obligations under the Municipal Code and that I will be responsible for any actions or inaction taken by my operator. Initials: _____

I hereby attest that no tenant was evicted nor lease terminated for the purpose of converting the dwelling unit to a short-term rental unit. Initials: _____

I will post the Notice of Short-Term Rental on the outside of the main entrance door, or on the wall adjacent to the front entrance door. If the property is gated, the operator shall post the notice in a location visible to the public. Initials: _____

I hereby verify that my 24/7 contact will be available twenty-four (24) hours a day, seven (7) days a week, at the phone number provided in this application and will answer any call from the City and guests staying at the property. The 24/7 contact shall respond to any complaint by telephone within 15 minutes. If the local contact person is unable to reach the guest by telephone, or upon receiving any additional or successive complaints regarding the condition, operation, or conduct of occupants of the short-term rental, the local contact person shall respond in-person to the site of the short-term rental within 30 minutes to resolve the complaint. Initials: _____

I understand that each rental term shall be no less than three consecutive nights. Initials: _____

I understand that this permit shall expire one (1) year after approval and a renewal application must be submitted to the Community Development Department no later than thirty (30) days prior to the expiration of the short-term rental permit. Applications submitted after the deadline but before expiration of the permit may be accepted at the discretion of the Community Development Director or their designee. Initials: _____

I understand that the requested approval sought through this application are for my benefit (or that of my principal). Therefore, if the City grants the approval, with or without conditions, and that action is challenged by a third party, I will be responsible for defending against this challenge. I agree to accept this responsibility for defense at the request of the City and also agree to defend and indemnify (with counsel of the City's choosing), and hold the City harmless from any costs, claims, demand, financial loss, penalties, fines, judgments, or liabilities arising from the approvals, with or without conditions, including without limitation, any award or attorney's fees that might result from the third party challenge, excepting only liability arising from the sole negligence, gross negligence, or intentional misconduct of City. For the purpose of this indemnity, the term "City" shall include the City of Agoura Hills, its officers, officials, employees, agents, and representatives. For the purpose of this indemnity, the term "challenge" means any legal or administrative action to dispute, contest, attack, set aside, limit, or modify the approval, project conditions, or any act upon which the approval is based, including, but not limited to, any action alleging a failure to comply with the California Environmental Quality Act or other laws. Initials: _____

I hereby verify that I am the legal owner of record of the land specified in this application or am authorized and empowered to act as an agent on behalf of the owner of record on all matters relating to this application. I declare that the foregoing is true and correct and accept that false or inaccurate owner authorization may invalidate or delay action on this application. Initials: _____

Property Owner Signature: _____ Date: _____

FOR OFFICE USE ONLY

Application Materials Submitted

1. ___ Completed Short-Term Rental Application 2. ___ Site Plan 3. ___ Attestation / Indemnification and Hold Harmless Agreement
4. ___ Owner's Statement 5. ___ Inspection Report (Every 3 Years)

FEES COLLECTED

Business License Fee	\$	
Short-Term Rental Application Fee	\$	
State Certified Access Specialist program (CASp) Fee	\$	
Total	\$	
Date Received:	Received By:	Method of Payment: