

# Town of Annabella

## Conditional Use Permit Application for Short Term Rental

I (We) \_\_\_\_\_,  
Name of Applicant(s)

residing at \_\_\_\_\_,  
Street Address

Hereby apply to the Planning Commission of Annabella, Sevier County, for approval of a "Conditional Use Permit" submitted in accordance with the regulation adopted in the "Land Use Ordinance."

**Applicant:** *Please provide and attach to this form, a detailed written explanation of the purpose of your conditional use permit application. For example, if requesting approval to operate a home occupation, give a detailed description of what the occupation is, the impact it will have on the community, etc*

### Please mark that you have completed/understand the following:

- I have attached a detailed written explanation of the purpose of my Conditional Use Permit application.
- I understand that Conditional Use Permits are renewable, on an annual basis, to ensure that all conditions of the permit are met.
- I have referred to the Conditional Use Matrix and the conditional use I am applying for is allowed on my lot size and in my residential zoning.
- I have obtained signatures of all property owners within 300 feet of my property (measure from your property line, all sides) *\*for help locating properties, owners & distances, you can find info online at: [maps-sevierutah.hub.arcgis.com](http://maps-sevierutah.hub.arcgis.com) (Plats & Parcels)*
- I have completed the Short-Term Rental application

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### CONDITIONS IMPOSED BY THE PLANNING COMMISSION: (This section to be completed during a Planning Commission meeting)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

### PLANNING COMMISSION APPROVAL:

\_\_\_\_\_  
Planning Commission Chairman

\_\_\_\_\_  
Date

\_\_\_\_\_  
Planning Commission Secretary

\_\_\_\_\_  
Date

# NOTIFICATION OF NEIGHBORING PROPERTY OWNERS

*(Required for every property owner within 300 ft of the property involved in pending action)*

Dear Neighbor:

Annabella Town requires written notification to all property owners within 300 feet of a proposed conditional use. Please sign below to show that you have been notified regarding my proposed conditional use. If desired, you may comment on the application during a Planning Commission meeting (held the 4<sup>th</sup> Monday of the month beginning at 6:00 p.m.).

Please sign the bottom of this document to attest to its contents.

Applicants Name: \_\_\_\_\_

Location: \_\_\_\_\_

Description of Conditional Use:  
\_\_\_\_\_

## **NOTIFICATIONS: Signatures of Neighboring Property Owner**

*(within 300 ft-measured from the applicants **property line**, along all sides of property).*

1. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

2. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

3. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

4. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

5. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

6. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

7. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

8. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

9. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

10. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

11. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

12. Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address \_\_\_\_\_ Comment: \_\_\_\_\_

**ANNABELLA CONDITIONAL USE MATRIX**

<i>Conditional Use</i>	<i>R-1-1 (1 acre)</i>	<i>R-1-0.75 (3/4 acre)</i>	<i>R-1-0.5 (1/2 acre)</i>
Kennels	C	C	C
Portable Storage Units	NP	NP	NP
Home Occupations	C	C	C
Accessory Apartments	C	C Minimum 1 acre required	C Minimum 1 acre required
Medical & Dental Clinics or Labs	C	C	C
Nursing Homes	C	C	C
Commercial Nursery or Greenhouse	C	C	C
Minor Automobile Repair	C	C Minimum 1 acre required	C Minimum 1 acre required
Farm Animal	P	P	P
Building Material Sales Yard, Not Including Ready Mix Concrete Or Asphalt Mixing Plants	NP	NP	NP
*Construction Trades	C	C	C
Private Recreation Facilities	C	C	C
Schools/Churches	C	C	C
RV Trailers While Building Permanent Home	C	C	C

C= Conditional | P= Permitted | NP= Not Permitted

\*i.e. Electrical, carpenter, plumbing, heating shop, printing and publishing, lawn care, window washing, landscaping

# Annabella Town

## Short Term Rental Application

**WHEN TO USE THIS FORM:** This form is to be used by an applicant seeking approval for a Short-Term Rental (STR) in accordance with Ordinance # 2022-09. The applicant is responsible for complying with the established rules and procedures which are available for inspection from the Code Enforcement Officer.

SUBMIT COMPLETED APPLICATION WITH PAYMENT TO THE TOWN CLERK. PLEASE MAKE CHECKS PAYABLE TO ANNABELLA TOWN

Initial STR Permit Application & Fee: \$250.00

Check#: \_\_\_\_\_  Cash: \_\_\_\_\_  Card \_\_\_\_\_

### 1. PROPERTY OWNER:

*The vested title property owner shall be the licensee for the short-term rental.*

Applicant/Property Owner Name(s): \_\_\_\_\_

Short Term Rental Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Owners Primary Address: \_\_\_\_\_

### 2. OWNER REPRESENTATIVE:

*Living within 15 minutes of the property.*

Contact Person/Agent: \_\_\_\_\_ Company Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (24-hour contact): \_\_\_\_\_ E-mail: \_\_\_\_\_

### 3. LOCAL PROPERTY MANAGER

*24-hour availability to physically respond to concerns within 30 minutes of initial attempt to contact.  
(This can be the same contact as listed in item #2)*

Contact Person/Agent: \_\_\_\_\_ Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (24-hour contact): \_\_\_\_\_ E-mail: \_\_\_\_\_

### 4. SHORT TERM RENTAL PROPERTY INFORMATION:

STR Property Address: \_\_\_\_\_

Tax Map ID#: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Maximum Number of Guests/Occupants: (2 per 100 square feet of sleeping area allowed) \_\_\_\_\_

### I HAVE INCLUDED THE FOLLOWING WITH THE APPLICATION:

- Conditional Use Permit application, complete with detailed written explanation of short-term rental.
- Detailed parking plan, with all parking on rental property and not on adjacent property or public right-of-way (see STR Ordinance for details)
- A site plan, drawn accurately to scale, that shows property lines and dimensions, the location of all existing buildings, the location of existing and proposed entrances.
- A detailed floor plan of the dwelling, drawn accurately to scale, showing the use of each room.
- The non-refundable license fee of \$250

**I UNDERSTAND THAT I AM RESPONSIBLE FOR COMPLYING WITH THE REQUIREMENTS OF THE STR ORDINANCE, INCLUDING THE FOLLOWING REQUIREMENTS AND RESTRICTIONS:**

- There may be no more than one (1) STR on one lot.
- A short-term renter may not use a STR for a purpose not incidental to its use for lodging and sleeping purposes. (Restrictions include wedding, banquet, reception, bachelor or bachelorette party, concert, fundraiser, sponsored event, or any similar group activity).
- No tent, trailer or RV may be used as a STR and no tent, trailer, RV camping, or other methods of outdoor sleeping are allowed on a STR property.
- The occupancy or number of guests shall not exceed two (2) persons per 100 square feet of sleeping area with a maximum occupancy of 12 people.
- STR must comply with the Annabella Land Use, Short Term Rental and Nuisance Ordinances.

**I HEREBY AGREE THAT THE STR DWELLING WILL HAVE AND MAINTAIN:**

***Posted within dwelling:***

- The name and contact information of the owner representative and local property manager.
- The maximum number of occupants permitted by the license.
- The maximum number of vehicles permitted on the property and the designated parking plan.

***Other:***

- Carbon monoxide detectors, smoke detectors, chemical fire extinguishers, and all other safety features required by the International Building Code.
- House address numbers clearly visible from the public right-of-way.
- No existing Zoning or Building Code violations.
- The dwelling as a Single-Family Dwelling and will not rent individual rooms/areas within the dwelling.

**PERMIT WILL NOT BE ISSUED WITHOUT PROPERTY OWNER(S)  
SIGNATURE**

- I certify that I have provided owners of all adjacent properties with my local contact information (owner representative and local property manager).
- I certify that this information is accurate to the best of my knowledge, and that I have the legal authority to apply for this permit.
- I have read the Town of Annabella Short-Term Rental Ordinance and agree to abide by its terms and conditions.
- I understand that a STR permit is not transferable between persons or structures.
- STR permits in good standing that are renewed on or prior to January 1<sup>st</sup> will maintain their standing. If a permit is not renewed by January 1<sup>st</sup>, it will be suspended until such a time the renewal process is complete.
- The undersigned represents and agrees as a condition to the issuance of this permit that the STR will be operated in accordance with the resolutions and ordinances of Annabella Town, including the Annabella Town Land Use Ordinance, Annabella Short Term Rental Ordinance, and Annabella Nuisance Ordinance.

---

Print Property Owner Name

Property Owner Signature

Date

---

Print Joint Property Owner Name

Joint Property Owner Signature

Date

FOR OFFICE USE ONLY: Permit Application Approved?  YES  NO

If No, Reason for denial: \_\_\_\_\_