



# SHORT TERM RENTAL APPLICATION FORM

City of Sunnyvale  
Community Development Department  
Planning Division - 456 Olive Avenue - Sunnyvale, CA 94087 - Phone (408) 730-7444

Property Address: \_\_\_\_\_ APN: \_\_\_\_\_

### Applicant Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Property Owner Information

If the property is an apartment complex or common interest development, the application shall include the name, address, contact information and signature of the apartment manager or HOA

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**General Requirements.** The City Code requires that all short-term rentals comply with the following regulations:

1. Short-term rental activity must be approved by the Director pursuant to Section 19.76.050 of the Sunnyvale Municipal Code.
2. A maximum of four overnight adult lodgers are allowed per night in any residential unit. Rental to unaccompanied minors under the age of 18 is prohibited.
3. The Host must reside on-site throughout the lodgers' stay.
4. The host must provide all lodgers with facilities for sleeping, bathing, and toileting inside of a permanent dwelling that is suitable for human occupancy.
5. Register with Finance to pay the transit occupancy tax. Visit: <http://sunnyvale.ca.gov/Departments/Finance/TransientOccupancyTax.aspx>

**Declaration.** I certify that I have read and will comply with the Short-Term Rental of Residential Property Ordinance as listed above and hereby state Short-Term Home Rental will conform to all the provisions set forth therein. I also understand and agree that non-compliance with the above is grounds for revocation of the Short-Term Rental Permit as outlined above. Further, I certify that the information supplied on this form is true and correct to the best of my knowledge.

\_\_\_\_\_  
*Signature - Applicant*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature - Property Owner or agent (if applicable)*

\_\_\_\_\_  
*Date*

### OFFICE USE ONLY

Project Number:		Type of Payment Fee total: _____ <input type="checkbox"/> Check _____ <input type="checkbox"/> Credit _____ <input type="checkbox"/> Cash	
Accepted By	Filing Date	Receipt #	
<input type="checkbox"/> Approval	<input type="checkbox"/> Denial	By	
		For the Director of Community Development	Date