



SHORT TERM RENTAL APPLICATION FORM

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

Sunnyvale

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:

- Short-term rental activity must be approved by the Director pursuant to Section 19.76.050 of the Sunnyvale Municipal Code.
- 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.
- Accessory Dwelling Units approved on or after January 1, 2020 cannot be used as short-term rentals.
- The Host must reside on-site throughout the lodgers' stay.
- The host must provide all lodgers with facilities for sleeping, bathing, and toileting inside of a permanent dwelling that is suitable for human occupancy.
- Register with Finance to pay the [transient occupancy tax](#).
- Submit current application fee - See Planning Fees Sheet or ask staff.

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