

# Attachment 1

This page intentionally left blank.

**Monterey County Board of Supervisors  
Referral Submittal Form**

Referral No. **2016.02**  
Assignment Date: **4/12/16**  
**Modified On: 8/24/21**  
(Completed by CAO's Office)

**SUBMITTAL - Completed by referring Board office and returned to CAO no later than noon on  
Thursday prior to Board meeting:**

|  |                                     |   |
|--|-------------------------------------|---|
| Date: 4/12/16  | Submitted By: Supervisor Mary Adams | District # : 5  |
| Referral Title: Short Term Rental Ordinance  |                                     |   |
| Referral Purpose: To request that the Resource Management Agency prioritize completion of the short term rental ordinance by scheduling a final meeting of the Short Term Rental Working Group within 30 days, and further request that RMA staff present a complete short term rental ordinance to the Planning Commission in the near future. Request that County Counsel also provide a response to the Board of Supervisors as to the question raised in recent correspondence requesting that the County not engage in code violation citations while the short term rental ordinance is being developed.   |                                     |   |
| Brief Referral Description (attach additional sheet as required ): Although the County is currently working on a new Short Term Rental ("STR") ordinance, the Monterey County Code currently only allows STRs (occupancy for not less than 7 and not more than 30 days) in residential neighborhoods in the non-Coastal Zone area pursuant to a permit issued by the County. Resource Management Agency staff has engaged in a number of working group meetings on development of the ordinance, and via this referral, it is requested that a final meeting of the working group be scheduled within 30 days, and that a final draft ordinance be presented to the Planning Commission in the near future. Request that County Counsel also provide a response to the Board of Supervisors as to the question raised in recent correspondence requesting that the County not engage in code violation citations while the short term rental ordinance is being developed. |                                     |   |
| <i><u>Modified on 8/24/21 to include the following: Proposal from HCD to address the implementation of enforcement at this time, and potential funding sources to cover costs.</u></i>   |                                     |   |
| <b>Classification - Implication</b>  |                                     | <b>Mode of Response</b>   |
| <input type="checkbox"/> Ministerial / Minor<br><input checked="" type="checkbox"/> Land Use Policy<br><input type="checkbox"/> Social Policy<br><input type="checkbox"/> Budget Policy<br><input type="checkbox"/> Other: _____   |                                     | <input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation  |
|  |                                     | <b>Requested Response Timeline</b>  |
|  |                                     | <input type="checkbox"/> 2 weeks <input checked="" type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks<br><input type="checkbox"/> Status reports until completed<br><input type="checkbox"/> Other: _____ <input type="checkbox"/> Specific Date: _____ |

**ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s)  
Completed by CAO's Office :**

|  |   |                     |
|--|---|---------------------|
| Department(s): <del>RMA-Planning</del><br>HCD/County Counsel | Referral Lead: <del>Carl Holm</del><br>Erik Lundquist | Board Date: 4/12/16 |
|--|---|---------------------|

**REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:**

|                |                |       |
|----------------|----------------|-------|
| Department(s): | Referral Lead: | Date: |
|----------------|----------------|-------|

**ANALYSIS - Completed by Department and copied to Board Offices and CAO:**

|  |   |
|--|---|
| Department analysis of resources required/impact on existing department priorities to complete referral: |   |
| Analysis Completed By:<br>_____<br><br>Date: _____   | <b>Department's Recommended Response Timeline</b><br><input type="checkbox"/> By requested date<br><input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months<br><input type="checkbox"/> 1 year <input type="checkbox"/> Other/ Specific Date: _____ |

---

**REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:**

|                         |                 |                          |
|-------------------------|-----------------|--------------------------|
| Referral Response Date: | Board Item No.: | Referrals List Deletion: |
|-------------------------|-----------------|--------------------------|

**Note:** cc: Nick Chiulos, Mary Zurita, and Ebby Johnson on all CAO correspondence relating to referrals.