

# Exhibit H

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# MONTEREY COUNTY RESOURCE MANAGEMENT AGENCY

Carl P. Holm, AICP, Director

LAND USE & COMMUNITY DEVELOPMENT | PUBLIC WORKS & FACILITIES | PARKS  
1441 Schilling Place, South 2<sup>nd</sup> Floor (831)755-4800  
Salinas, California 93901-4527 [www.co.monterey.ca.us/rma](http://www.co.monterey.ca.us/rma)



## SHORT TERM RENTAL (STR) APPLICATION CHECKLIST

The Resource Management Agency is the lead agency to coordinate the processing of STR applications through Monterey County land use agencies. The following is a checklist of materials, data and reports required for submittal of your STR application. Please feel free to contact your **TBD** at any point in the development process regarding questions you may have about your application.

PLEASE MAKE AN APPOINTMENT WITH YOUR ASSIGNED **TBD** TO SUBMIT APPLICATION MATERIALS.

**AN APPLICANT SHALL PROVIDE THE FOLLOWING FOR EACH STR UNIT WITH ANY APPLICATION, AND AN APPLICATION WILL NOT BE DEEMED COMPLETE UNTIL THE INFORMATION OR DOCUMENTATION REQUIRED IS PROVIDED:**

- ☐ Completed Application Form
- ☐ Property Manager Contact Information including name, address, phone number and email address
- ☐ Affidavit of Residency **TBD**
- ☐ One (1) Set of Plans drawn to scale and labeled, in the form and manner required by the Chief Planning Official, including:
  - ☐ Site Plan including locations and dimensions of all property lines, rights-of-ways, vehicular easements, edge of pavement, driveways and on-site parking areas, and existing buildings
  - ☐ Floor Plan showing all rooms including windows and doors
- ☐ Copy of the STR rental contract **TBD**
- ☐ An inspection report that provides and verifies information, in the form and manner required by the Chief Building Official, to ensure the property is safe and habitable for its intended use, including verification of adequate egress from sleeping quarters and common areas, installation of accessible fire extinguishers, and a carbon monoxide alarm on each level, and that the property exists in accord with appropriate land use and building permits
- ☐ Comprehensive Water Quality Analysis in the form and manner required by the Environmental Health Bureau, if applicable
- ☐ Septic/OWTS Performance Evaluation Form in the form and manner required by the Environmental Health Bureau, if applicable
- ☐ Copy of OWTS informational signs
- ☐ Evidence of Adequate Solid Waste Services
- ☐ Transient Occupancy Tax Registration Certificate

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## SHORT TERM RENTAL (STR) PERMIT APPLICATION

Application Type: ☐ New ☐ Renewal

### Unit Information

Property Address: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Assessor's Parcel No.: \_\_\_\_\_ Total No. of  
Bedrooms: \_\_\_\_\_

Total No. of Onsite Parking Spaces (e.g. garage, driveway,  
etc.): \_\_\_\_\_

### Application Information (Complete only if different from Owner Information)

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

### Owner Information

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that the information provided in this application is true and correct. I agree to notify the County of Monterey of any material change in the information provided in this application and/or any change in ownership of this property within 14 days of such change. I have reviewed Chapter **TBD** (Transient Use License) of the Monterey County Municipal Code which pertains to my use of the Transient Use License and I understand the conditions and requirements. I agree to pay the Transient Use Occupancy Tax as set forth in Chapters **TBD**. I consent to an inspection of the property to verify any information in this application or at anytime to assess compliance with Chapters **TBD**.

Owner's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STR PROPERTY MANAGEMENT

Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Mailing  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Zip  
Code: \_\_\_\_\_ Email: \_\_\_\_\_

***Note: 24-Hour Contact must be available to arrive at the STR property site within 30 minutes at all times during rental period.***

If the contact person identified above is an elected or appointed official (including a public safety official) as defined by sections 6254.21 or 6254.24 of the California Government Code, this application must be signed below by the contact person, and constitutes written permission under Government Code section 6254.21 that the contact person's name and phone number may be placed on the County's internet website. If the contact person identified above is an employee of the County of Monterey within the scope of **section 468 of the County Procedures Manual**, this application must be signed below by the contact person, it constitutes a waiver of the provisions of that section, and it constitutes written permission as relevant to County of Monterey to place the contact person's name and phone number on the County's internet website.

Contact Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STR RENTAL SAFETY CERTIFICATION

The following items require verification to assure the vacation rental unit is equipped and maintained to minimum safety standards to help provide for a safe vacation experience. Verification can be performed by owner (self-certified), certified home inspector, County Building Inspector, or by the property manager/agent. All items must be checked with form signed and dated.

- ☐ **Smoke alarms** (listed and approved by the State Fire Marshall) installed in the following locations per the 2013 California Residential Code, Sec. R314.1.
  - In each sleeping room;
  - Outside each separate sleeping area in the immediate vicinity of the bedroom(s);  
and
  - At least one alarm on each story, including basements and habitable attics.
- ☐ **Carbon Monoxide alarms** (listed by an approved agency such as UL) installed in the following locations per the 2013 California Residential Code, Sec. R315.1.

- Outside each separate sleeping area in the immediate vicinity of the bedroom(s);
  - At least one alarm on each story, including basements and habitable attics but not including crawl spaces or uninhabitable attics.
- 
- ☐ Working **GFCI's** (ground fault circuit interrupters) required at all receptacles within 6 feet of all kitchen, bathroom, bar and laundry sinks per the 2013 California Electrical Code, Art. 210-8.
  - ☐ All sleeping rooms shall be provided with at least one **emergency egress window** with a minimum net clear opening of 5 square feet, with a minimum opening height of 24 inches and minimum net clear opening width of 20 inches, with the bottom of the clear opening being not greater than 44" measured from the floor. Bars, grilles, grates or similar devices are permitted to be placed over emergency escape and rescue openings provided such devices are releasable or removable from the inside without the use of a key, tool or special knowledge. Per the 2013 California Residential Code, Sec. R310.
  - ☐ All stairs shall have at least one continuous **handrail** running the full length of the stairs per the 2013 California Residential Code, Sec. R311.7.8
  - ☐ All walking surfaces measured vertically more than 30" above grade or other floor levels, including mezzanines, platforms, stairs, ramps and landings shall have **guard railing** a minimum of 42" in height with openings no greater than 4" per the 2013 California Residential Code, Sec. R312.1. Exception: Guards on the open sides of stairs shall have a height not less than 34" measured vertically from a line connecting the leading edges of the treads.
  - ☐ **Pool/spa safety barrier** enclosures shall comply with Santa Cruz County Code, Sec. 12.10.216. Exception: Self-contained spas or hot tubs with listed/approved safety covers need not comply with barrier requirements.
  - ☐ Rental equipped with at least one **fire extinguisher** (type 2A10BC) installed in a readily visible/accessible location near the kitchen.

I hereby certify that the safety standard conditions listed above are fully complied with and will be maintained in a useable and functioning condition. Form must be signed by one of the following four parties.

Owner of Rental Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Certified Home Inspector/License No.: \_\_\_\_\_ Date: \_\_\_\_\_

County Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Property Manager/Agent: \_\_\_\_\_ Date: \_\_\_\_\_

***For questions regarding these safety certification requirements, please contact the  
Chief of Building at 831-755-4800.***

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## Measuring your Vacation Rental and Drawing Scaled Plans

Applications for Vacation Rental permits within the unincorporated portions of the County must include scaled floor plans and a scaled plot plan.

*This guide suggests how the homeowner may draw and measure their house and land so that it will provide enough information to fulfill the requirements.*

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### ***Items required:***

Standard measuring tape – 25 ft.

Pad of gridded paper – 4x4 grid (4 lines to the inch)

Pencil – sharpened 2H

Red ball point pen

Eraser

### ***Information to obtain:***

Assessors Parcel Map: copy may be obtained at the  
Department of Public Works, Surveyor's Office

Assessors Drawing of Building: owner can obtain copy at the Assessor's Office

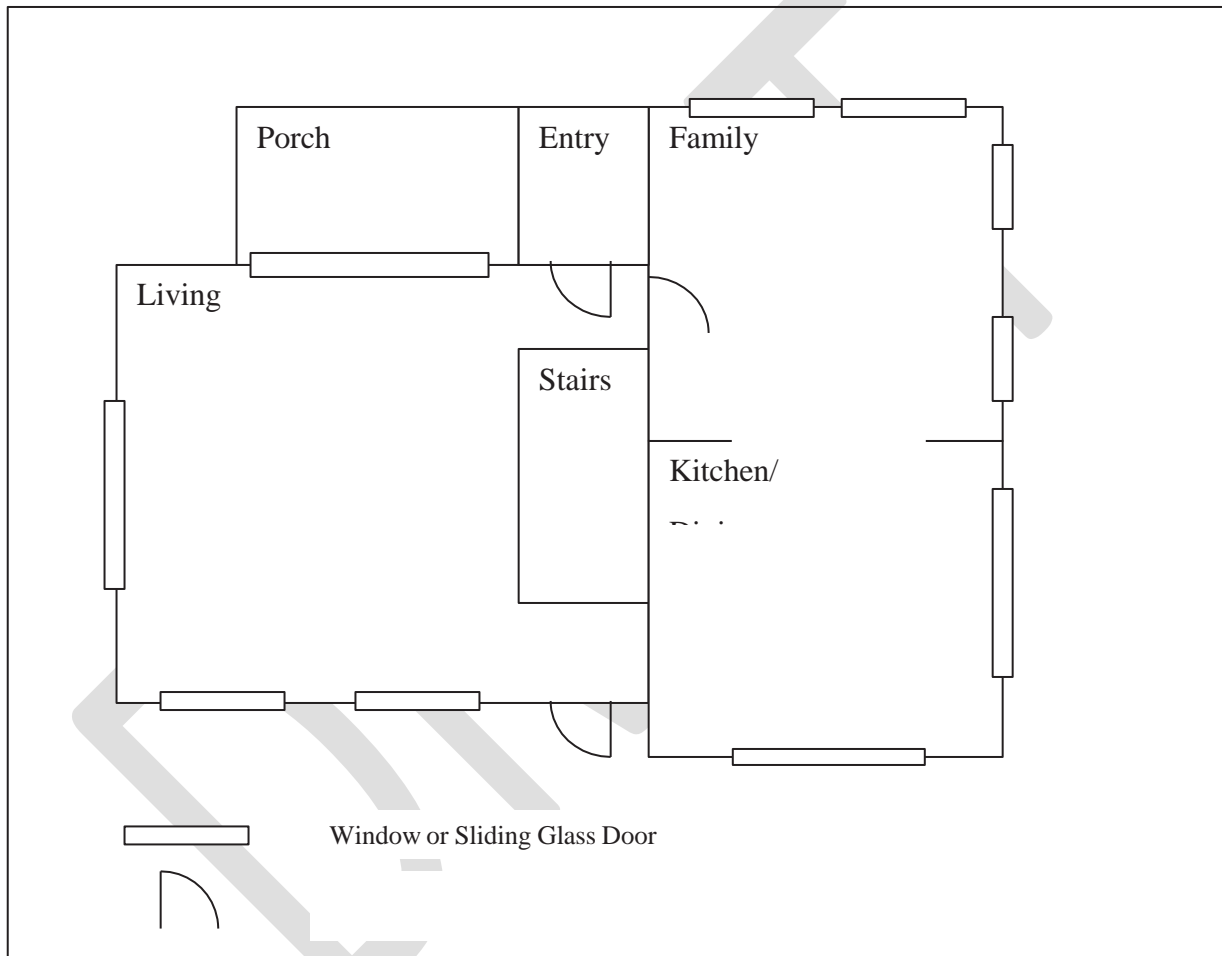
Scanned Building Permit Drawings: from the late 1980's on, may be ordered through a Public  
Records Act Request



## THE FLOOR PLAN(S):

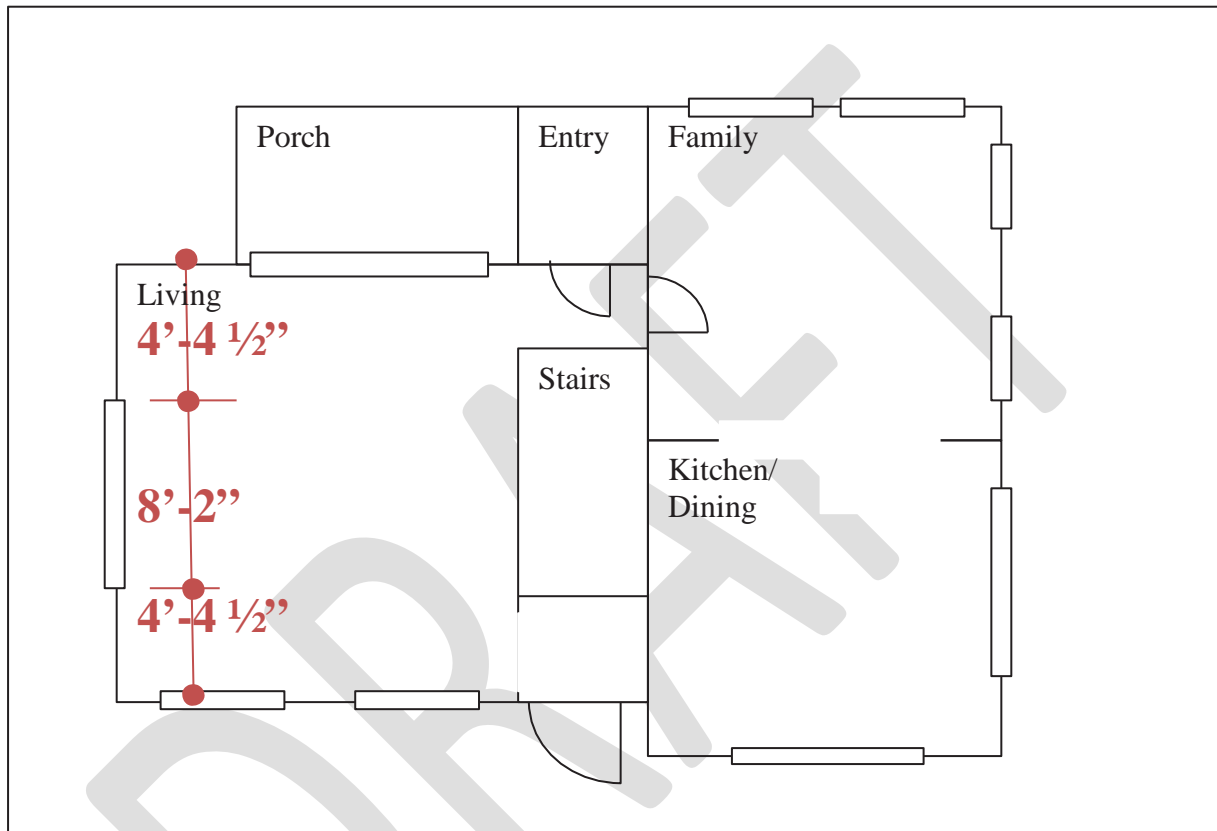
### Step 1.

Draw a rough outline of the plan. Do NOT worry about scale or measuring at this point. Take a sheet of blank 8 ½" x 11" notepaper and roughly draw a single line drawing of the rooms – show windows and doors. You can draw this with a pencil so you can erase easily. It is the proportions of the rooms and the locations that you should try to record accurately.



## Step 2.

Measure the walls on the inside of the room. Start in one corner and pull the tape to the edge of the window. Measure across the opening of the window. Then finish measuring from the window(s) to the wall. Note the measurements on your rough drawing. Measurements should be to the nearest 1/2". It is clearer if you record the measurements with a red pen. Measure all window and door openings.



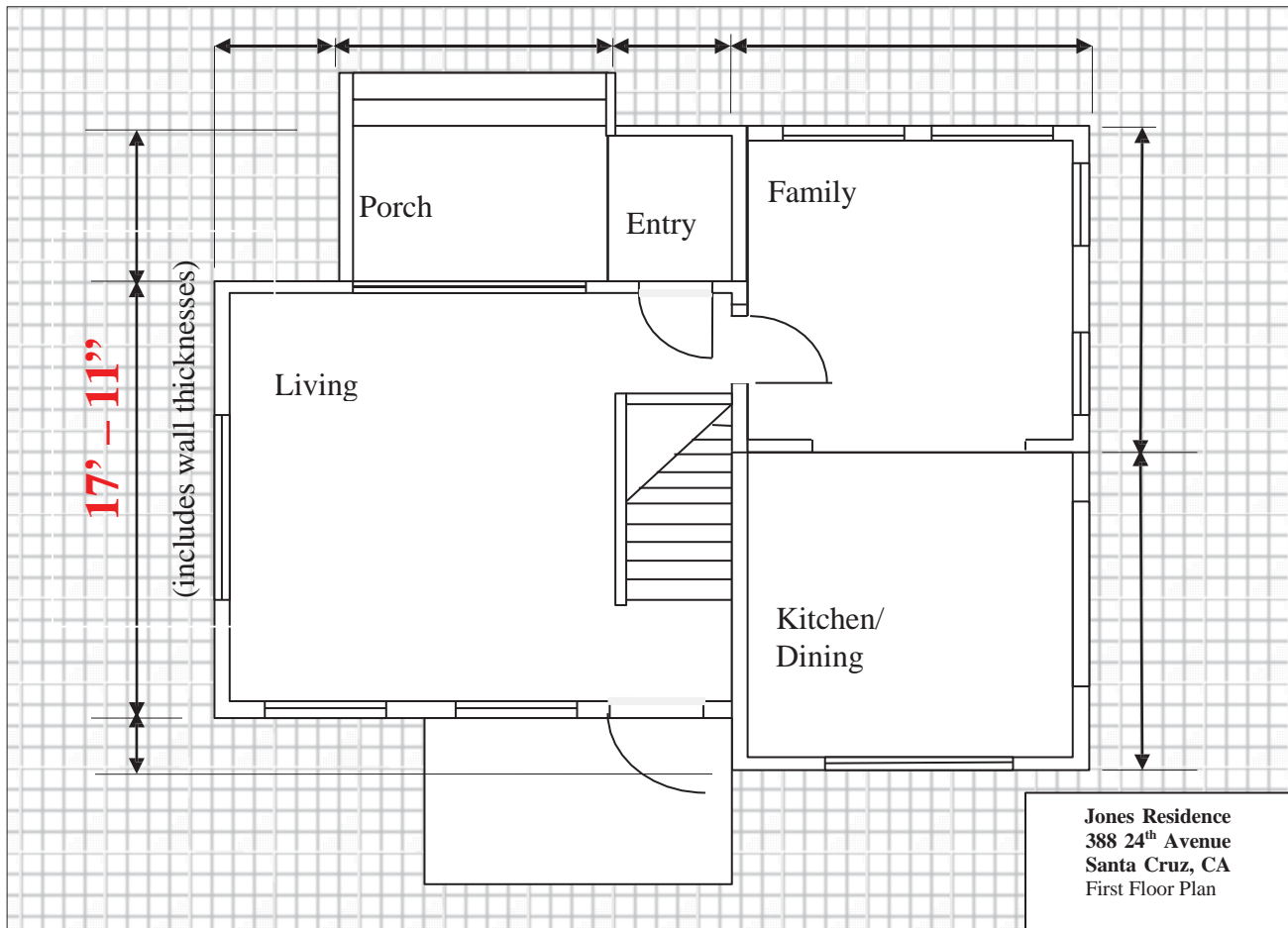
## Step 3.

You are now going to draw the floor plan to scale. You should use the scale that 1/4" on the drawing is the same as 1 ft. in actual dimension. The pad of graph paper should be gridded to 1/4" squares (check before you buy it!). The walls are approximately 6" thick (close enough for this purpose), so you should draw them at roughly half the width of one square of the grid.

You may have to tape more than one sheet of grid paper together to make the drawing. Check this by adding up the overall dimensions of the house. For example: if the house is 26' x 46', when you draw it to scale, the drawing itself will be 6 1/2" x 11 1/2" (divide 26 by 4 = 6.5 and divide 46 by 4 = 11.5). You can see that this particular plan will need two sheets taped together!

For this drawing, only the overall dimensions are important. Please put the owners name and scale on each drawing. You can use the dimension that you worked out on the initial sketch. Remember to add 6" for the walls (you measured from interior finish to interior finish). Label each room.

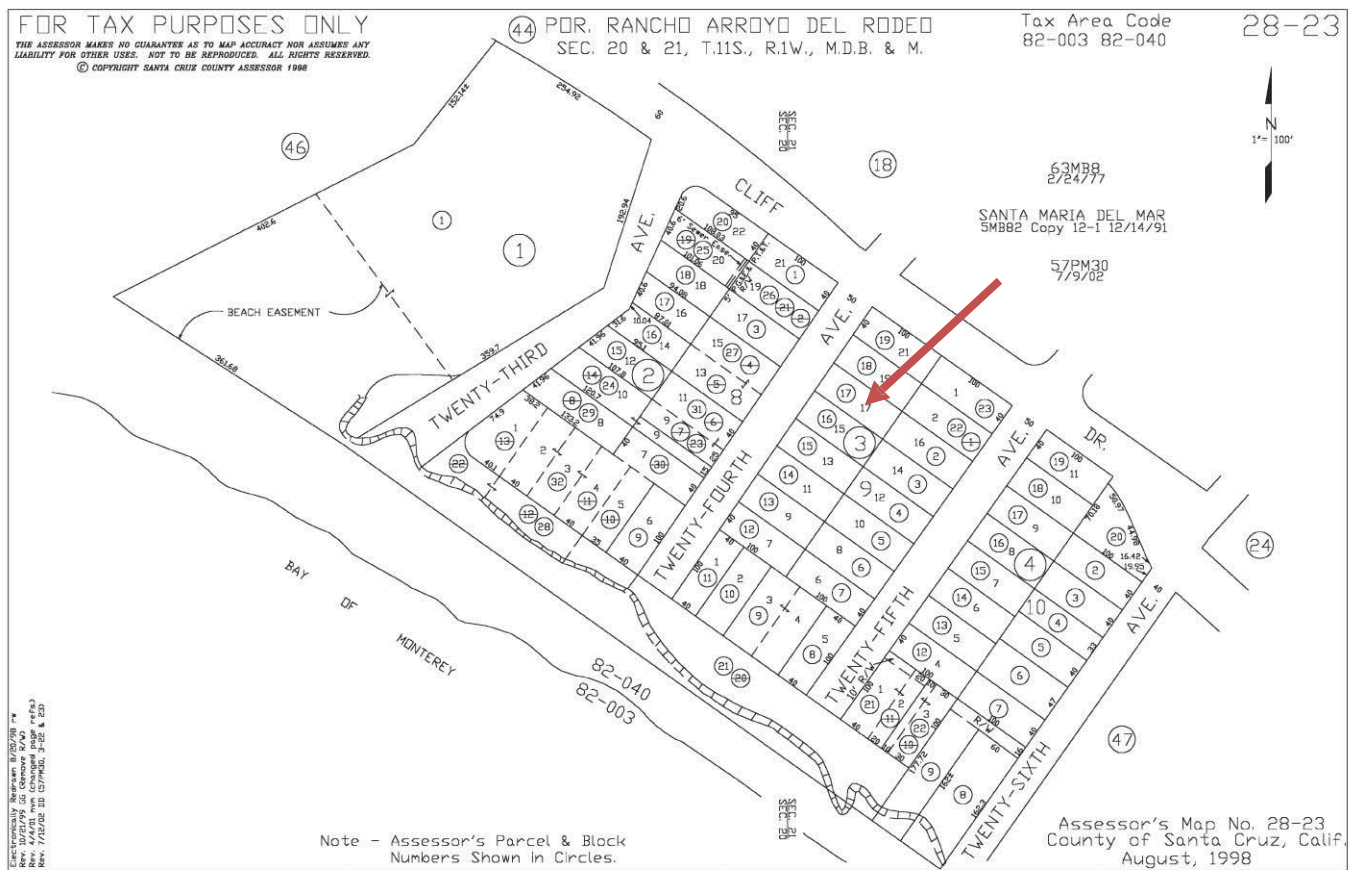
**IF YOU HAVE A TWO STORY HOUSE, REPEAT THESE STEPS FOR BOTH FLOORS.**



# THE PLOT PLAN:

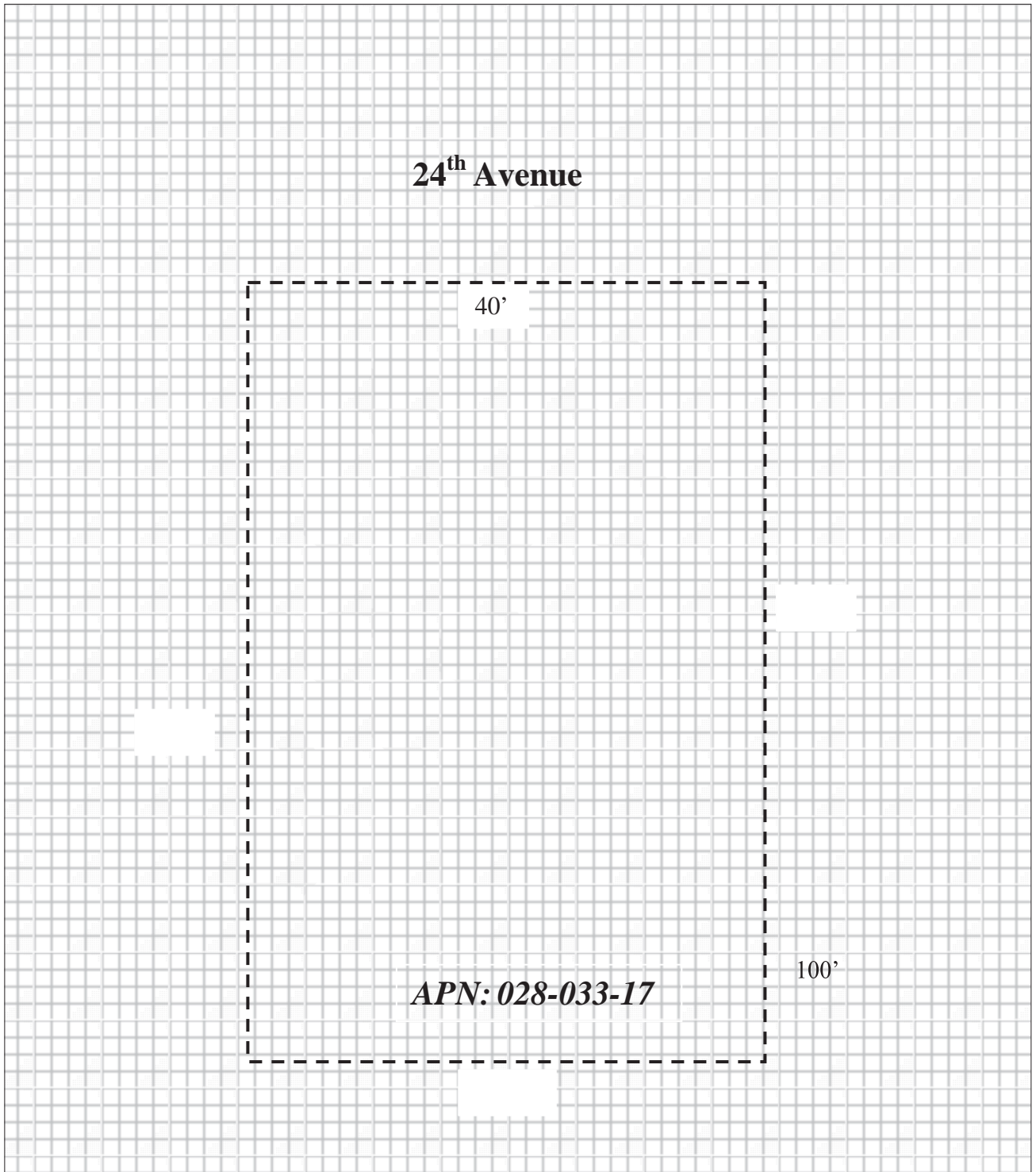
## Step 1.

Obtain a copy of your Assessor's Parcel Map. If you don't know the number, you can find that out and order a map at the County of Santa Cruz County Surveyor's Office (701 Ocean Street, Fourth Floor). An 11" x 17" copy is to scale and that is what you should purchase. Find your lot on the map. The people at the Surveyor's Office will help you locate it.



## Step 2.

Use the gridded paper to draw the property outline. Do not draw anything else at this time. For this drawing, the scale should be  $1/8'' = 1'-0''$ . Consider whether you need two sheets taped together as before.



### **Step 3:**

Hopefully, you have fences at the sides and/or rear of your property. If you don't skip to Step 4. You know the overall size of the house from the previous drawing. Measure the distance from the house to the fence at the rear and the house to one fence at either side. Now you can draw the outline of the house on the property.

### **Step 4:**

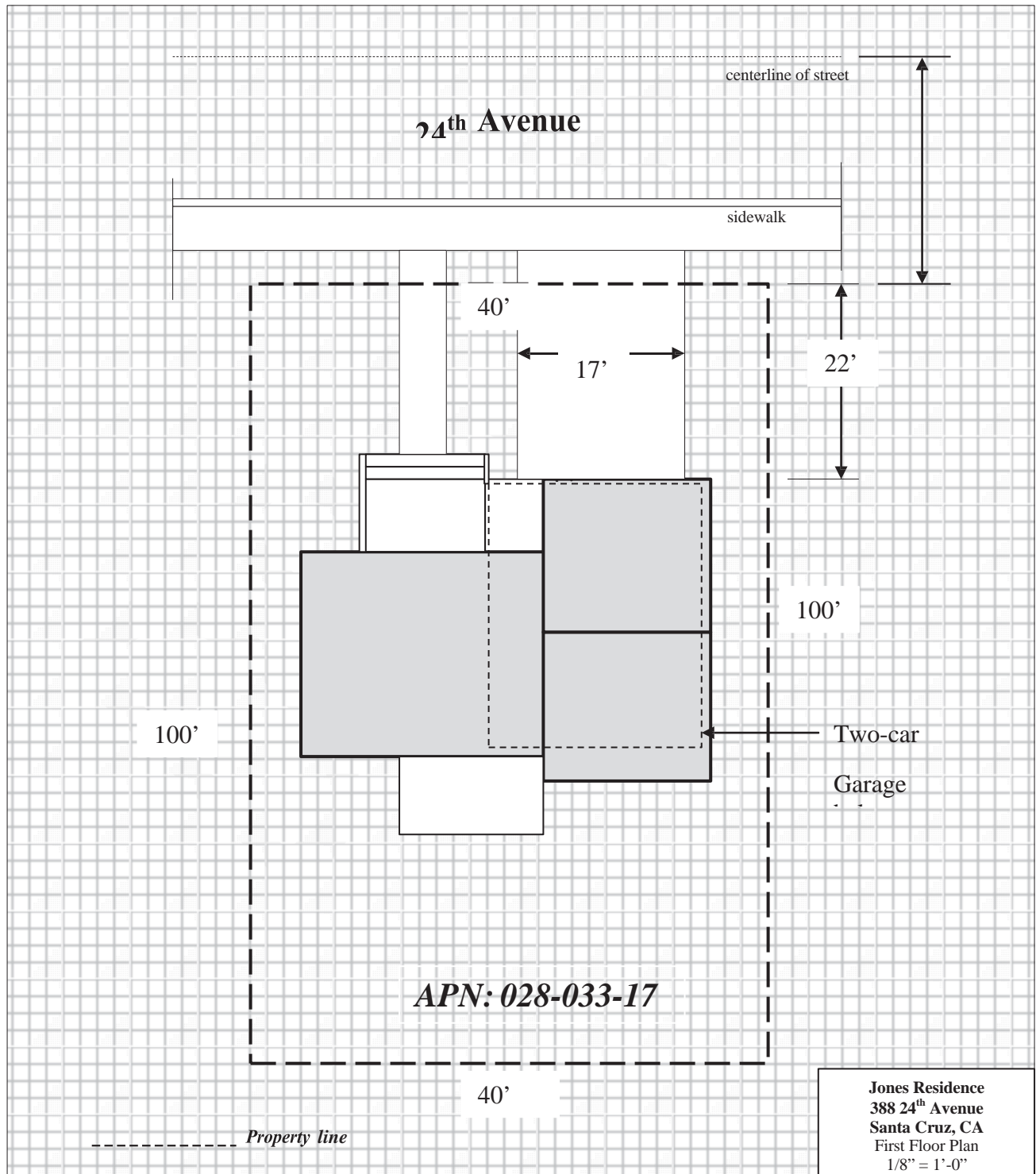
If you don't have fences, you will have to determine the distance from the front setback. Start by looking at the assessors map and finding out the width of the right-of-way of your street (usually 40 or 50 feet). You may be able to find plans on file with the County which may have the setbacks on them. Check with the Assessor's Office and/or the Planning Unit. If you can't locate existing plans you will have to do extra work.

Measure the actual width of the paving. In most cases (particularly on straight roads in the urban area) the center line of the street is the centerline of the right-of-way. Divide the width of the paving in half and measure from the centerline half the width of the right-of-way toward your house. This will locate your front property line. Many times in the urban areas, the front property line can be a couple of feet from the back of the sidewalk. Get the dimensions of sidewalk, planting strip, curb, etc. and draw them on your site plan. Measure the distance from the edge of sidewalk or paving to the front of your house. You will have to look for clues such as the fences on the property to the rear of yours to figure out one side dimension.

Draw your house on the property.

## Step 5:

Measure your driveway and parking area. Show this on the property plan. Be sure to dimension the width and length. This example would allow for four parking spaces – two in the garage and two on the driveway.





# Monterey County Environmental Health Bureau

Environmental Health Review Services  
1270 Natividad Road, Salinas, CA 93906  
(831) 755-4507

## Conventional Onsite Wastewater Treatment System Performance Evaluation

Street Address:	APN:		
City:	Date:	Time:	am/pm
Owner:			
Phone:	Fax:		
Email:			
Reason for Inspection:			

### Homeowner Questionnaire:

Age of wastewater treatment system (years):			
How many years have you owned the home?			
The following are connected to the onsite wastewater treatment system:			
<input type="checkbox"/> Water softener	<input type="checkbox"/> Garbage disposal	<input type="checkbox"/> Spa Tub	<input type="checkbox"/> Leaking Fixtures in home
In-home business:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type:	
Number of people occupying dwelling:	Currently:	Anticipated:	
If currently unoccupied, for how long has it been vacant?	(Months)		
Current number of bedrooms in dwelling:			
Has there ever been a backup in the house?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
List any known repairs made to the system:			
Has the system recently been inspected by others?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, who?			
Did it fail?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a service contract for system components?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Company:			
Date the tank last pumped:	<input type="checkbox"/> Never to my knowledge		
At what frequency?	Company:		
Additional Comments:			

**The above information is true to the best of my knowledge.**

Owner Signature

Date



## OWTS Inspector to Fill out Remaining Form

### System Type

System is: ☐ Conventional: ☐ Gravity feed ☐ Pump System

☐ Pre-treatment Unit Installed\*      Manufacturer:

*\*Complete specific manufacture inspection report for the pre-treatment installed.*

### Tank Inspection *(Observations prior to pumping the tank)*

Tank Material: ☐ Concrete ☐ Fiberglass ☐ Plastic ☐ Redwood

Tank Manufacturer:

Tank Capacity:

Lids at Grade?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, How deep is lid buried?		
Risers on Tank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Evidence of infiltration in Risers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lids Secure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lids in acceptable Condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can surface water infiltrate into the tank?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Any indicators of previous failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

If Yes, explain:

Liquid Level Relative to Outlet (in):	<input type="checkbox"/> At	<input type="checkbox"/> Above	<input type="checkbox"/> Below
Evidence liquid level has been higher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Continuous inflow observed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Source: <input type="checkbox"/> Groundwater <input type="checkbox"/> Leaking Fixtures		
Presence of flocculant in clear zone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Evaluation of layers in the tank:

Compartment	Scum Depth (in)	Scum Color	Clear Zone (in)	Clear Zone Color	Sludge Depth (in)	Sludge Color	Odor	Other
Inlet								
Outlet								

Comments:

### Tank Pumping

Gallons Pumped out:

Effluent Filter Installed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Functioning Properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Effluent Filter Cleaned?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Percent plugged?		
Baffle in Place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Baffle structurally sound?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tank appears to be watertight <i>(no visual leaks)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Rebar exposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corrosion present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cracks present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Root Intrusion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fracture/Flaking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-Concrete – Concaved/Bulging or other indication of structural failure?				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Comments:

## Pump Tank

Does the system contain a dosing or pump tank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of pump:	<input type="checkbox"/> Ejector Pump	<input type="checkbox"/> Grinder Pump
Tank integrity sound (free of cracks, infiltration. etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the pump elevated off the bottom of the chamber?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the pump work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If there is a check valve, is a purge hole present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a high water alarm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the alarm work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Estimated gallons between pump on and high water alarm:		
Do electrical connections appear satisfactory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you remove solids from the pump tank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

## Dispersal System

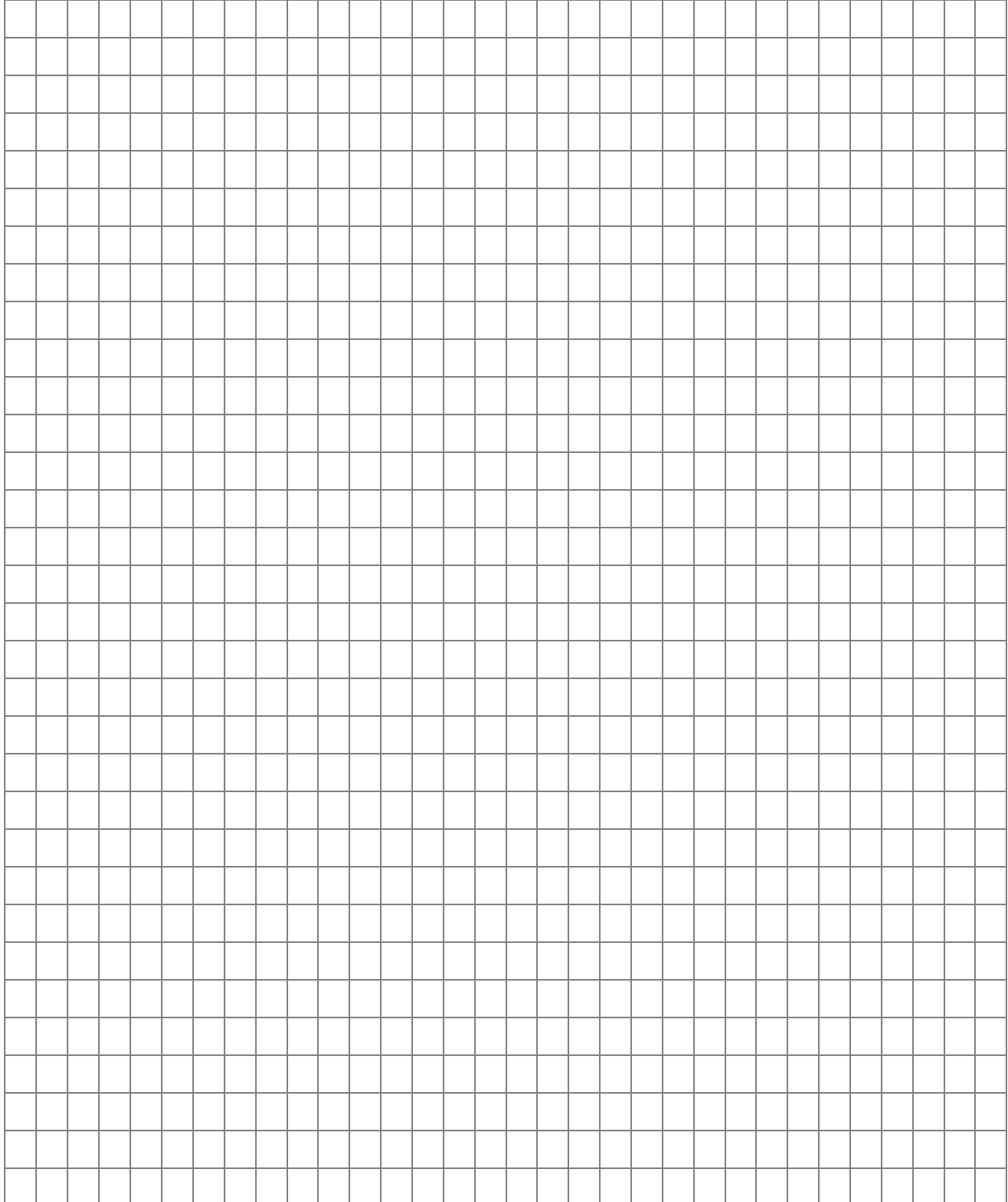
Dispersal System is:	<input type="checkbox"/> Trench	<input type="checkbox"/> Seepage Pit	<input type="checkbox"/> Gravel-less Chambers	<input type="checkbox"/> Drip Disposal
Other:				
Dispersal System Location:				
<input type="checkbox"/> Installation Map <input type="checkbox"/> Snaked and Located <input type="checkbox"/> Probed onsite <input type="checkbox"/> Unknown* <i>(Comment required)</i>				
Is there:	Comment required for Yes			
Any indication of a previous failure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Seepage visible in the disposal area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Lush vegetation present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Ponding water in the distribution media?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Uneven distribution of effluent in the field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Odors present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Determine approximate distance between water well and soil treatment area.				
Approximate distance is (feet):				
Comments:				

Hydraulic Load Test Performed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flow Rate (gpm):	Minutes test run:	Total Gallons:
<input type="checkbox"/> Bladder-type device used <input type="checkbox"/> Water added to outlet chamber of tank prior to pumping		
Was backflow into the tank from the outlet pipe observed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Estimate of water backflow after test:		
After test was seepage present in the dispersal area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
After test were odors present in the dispersal area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

## Sketch of System *(or provide on a separate sheet)*

For reproducible results, show dimensions from structures that will not change, such as corners of the house. Show details, such as the road, in relation to the house to get the correct orientation. Show all located components

Scale: \_\_\_\_\_square/s = \_\_\_\_\_ft      Comment:



## Checklist Summary

- 1.) Tank is: ☐ Acceptable – Currently Functioning Properly  
☐ Unacceptable Condition – Repairs can bring tank to Acceptable  
*Provide recommendations in comment*  
☐ Unacceptable Condition - Failed  
☐ Not Evaluated

Comments:

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- 2.) Pump Tank is: ☐ N/A ☐ Acceptable ☐ Unacceptable Condition

Comments:

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- 3.) Dispersal System is: ☐ Acceptable – Currently Functioning Properly  
☐ Inconclusive – More Information Required  
*Provide recommendations in comment*  
☐ Unacceptable Condition - Failed  
☐ Not Evaluated

Comments:

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## Inspector Declaration

I, the undersigned inspector, certify that based on what I was able to observe onsite and the present condition of the onsite wastewater treatment system all of the above information is true and correct.

Inspecting Company:

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Phone:

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Inspector Name:

Inspector NAWT I.D. #:

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Inspector Signature:

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