



Community Development Land Use Application

Mailing: 989 Broadway Seaside, OR 97138
Location: 1387 Avenue U. Seaside, OR 97138

E-mail: cdadmin@cityofseaside.us
Office: (503) 738-7100

Property Information:					
STREET ADDRESS OR LOCATION OF PROPERTY					
ZONE	OVERLAY ZONE	TOWNSHIP	RANGE	SECTION	TAX LOT(S)

Owner:	Applicant/Representative Other than Owner:
NAME	NAME OF APPLICANT / REPRESENTATIVE
ADDRESS	ADDRESS
PHONE	PHONE
EMAIL	EMAIL
SIGNATURE	SIGNATURE

Proposed Use:

Existing Use:

Site Plan:

Please attach a site plan of the property showing lot dimensions, sizes, and locations of all existing and proposed structures. The site plan must show the structure's setbacks to all property lines as well as access to the site and the parking area layout. Site plans must be drawn to scale and show the needed information pertinent to the request. Parking Maps for VRDs must have scaled dimensions showing the location of required 9'x18' car spaces.

Specific of Request:			
Conditional Use	Non-conforming	Subdivision	Zoning Code Amendment
Landscape/Access Review	Planned Development	Temporary Use	Zoning Map Amendment
Major Partition	Property Line Adjustment	Vacation Rental	Appeal
Minor Partition	Setback Reduction	Variance	

For Office Use Only	
Application Received:	File Number:
Application Deemed Complete:	120-Day Decision:
Staff Decision (Type 1)	PC Decision (Type 2)



Community Development Vacation Rental Dwelling

1. Please describe, in detail, your specific request.

2. Total number of bedrooms:

3. Total number of off-street parking spaces:
 - a. VRDs are required to have a minimum of two parking spaces (each space must be 9ft x 18ft) plus one additional space for each bedroom in the dwelling.

4. Occupancy Requested:
 - a. To calculate your maximum occupancy, multiply the number of bedrooms by 3. If the number of parking spaces is less than the number of bedrooms, calculate your occupancy by multiplying the number of parking spaces by three.

5. Do the required off-street parking spaces take up more than 50% of the VRD's required yard areas? Yes No

6. Do any owners of the subject property have ownership in any other short-term rentals? Yes No
If yes, what city/state are they located in?

7. Who will be the local contact for this VRD?

Name	Address	24-hr Phone
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8. Attach scale drawings of your site plan, floor plan, and parking map.

By signing this application, the applicant acknowledges that if the request requires review by the Planning Commission (Seaside Zoning Ordinance 6.137E), additional Planning Commission review fees may apply and the applicant or a duly authorized representative must attend the Public Hearing. The applicant has answered these questions truthfully and to the best of their knowledge and the applicant understands that omitting information on this application could be grounds for denial of their request for a VRD conditional use permit.

Applicant Signature: _____

Date:

Printed Name: