



RIVERSIDE COUNTY PLANNING DEPARTMENT

Short-Term Rental Tier 2 Application

Submit application no later than 11:59 PM, Sunday, December 1, 2024 to TLMA-STR@rivco.org.

Short-Term Rental Property Information

Property Owner Name(s): _____

Short-Term Rental Address: _____

City: _____ State: _____ Zip Code: _____

Assessor Parcel Number (APN): _____ - _____ - _____

Which dwelling will be used for the Short-Term Rental:

Short-Term Rental: A legal privately owned residential dwelling, including, but not limited to, a one family detached dwelling or multiple family attached dwelling, apartment house, condominium, mobile home or manufactured home on permanent foundations, or any portion of such dwellings. A Short-Term Rental may include any accessory dwelling unit (ADU), junior ADU, second unit, guest quarter, or ranchet unit not otherwise prohibited by the state law.

Main Residential Dwelling ADU Other _____

Applicant Contact Information

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email: _____

Compliance Requirements: Selected properties must meet all application requirements outlined in Ordinance 927.2, Section 7 and Section 11. If a property fails to meet these requirements, it will not receive a Short-Term Rental Certificate.

Once the Short-Term Rental Cap is met for an area, no further eligible properties will be selected.



RIVERSIDE COUNTY
PLANNING DEPARTMENT

The Applicant declares the Short-Term Rental is legally permitted and any other buildings, structures, grading, or other improvements to the property are legally permitted. The Applicant declares Short-Term Rental meets the requirements of a Short-Term Rental, pursuant to Section 4 of this ordinance.

*The Applicant declares the Short-Term Rental property has no active or pending Code Enforcement actions. **Code Enforcement: 951-955-2004***

The Applicant declares Short -Term Rental meets the applicability requirements, pursuant to Section 5 of this ordinance.

The Applicant declares the Short-Term Rental property is in compliance with all applicable health and safety laws, codes, or regulations, including, but not limited to, building, safety, fire, and health.

I HEREBY CERTIFY that the following information provided on this form is complete, true and correct to the best of my knowledge. Further, I hereby acknowledge that I have read and understand Ordinance 927.2.

Property Owner Name(s): _____
PRINT

Property Owner Signature: _____ Date: _____

Submit application no later than 11:59 PM, Sunday, December 1, 2024 to TLMA-STR@rivco.org.

FOR OFFICE USE ONLY			
Application received date: 	Eligibility: <input type="checkbox"/> Tier 2 eligible <input type="checkbox"/> Does not meet requirements.	Density Rule: Idyllwild-Pine Cove-150 ft: Meets <input type="checkbox"/> Conflicts <input type="checkbox"/> TWC-500 ft: Meets <input type="checkbox"/> Conflicts <input type="checkbox"/>	Ownership: Meets <input type="checkbox"/> Exceeds <input type="checkbox"/> Lottery results: <input type="checkbox"/> Selected <input type="checkbox"/> Not Selected
Code Enforcement: <input type="checkbox"/> Code Case(s)			
Temecula Wine County Equestrian District <input type="checkbox"/>	Temecula Wine County North County <input type="checkbox"/>	Temecula Wine County Residential District <input type="checkbox"/>	Temecula Wine County Winery District <input type="checkbox"/>
Idyllwild-Pine Cove <input type="checkbox"/>			