Home Sharing Permit/Renewal Application and Acknowledgement

1. <u>Host / Owner Information</u>	
Property Owner Name:	Phone No.:
Host Name:	Phone No.:
Host Mailing Address:	Email Address:
Please check off the box that applies to you:	
☐ I have been the Property Owner for a residence.	minimum of one year and live on the premises as my primary
□ I have been the Property Owner for a a Qualifying Tenant and a lease that allo	minimum of one year who does not live on the premises but have ws me to home share the residence.
$\ \square$ I am a Qualifying Tenant and the lease	e allows me to home share the residence.
2. Property Information	
Home Sharing Rental Property Address:	
Unit Type (circle one): Single-Family Home	Condo/Townhouse/Duplex/Apartment
Total Number of bedrooms: Number of	bedrooms utilized for home sharing rental:
Total on-site parking spaces available:	Garage parking spaces:
Driveway parking spaces:	
3. Local 24/7 Emergency Contact Informatio	<u>n</u>
Contact Name:	Phone No.:
Contact Address:	
Contact E-mail Address:	
4. Hosting Platform Information	
Hosting Website:	Hosting Website:

(310) 217-9524 homesharing@cityofgardena.org Rev. 10/10/23 PLANNING DIVISION

APPLICANT ACKNOWLEDGMENT

	.,	issued, the home sharing permit is onl n may be through a lottery system if th	•
	.,	ne home sharing permit does not creat not necessarily be renewed for succe	
followin	., ,	f approved for this permit, within 45 d	ays I must provide the city with the
•	Evidence that I have applied	ed for or obtained a business license f	or operating a home sharing rental.
•	Evidence that I have applie sharing rental.	d for or obtained a transient occupancy	registration certificate for the home
•	may be satisfied by an agre	surance in the amount of one million eement with a hosting platform if the horty of the manner.	
	.,	ny and all use of the property for home revocation of the Home Sharing Permi	
includin regulati	g Municipal Code Chapter sons regardless of whether th	and regulations pertaining to the op 5.76 and the Administrative Guideline bey are specifically set forth in this agre will live on site or qualifying tenant lives	s and will abide by such rules and eement.
	edge the following:	minive on site of qualifying tenant in	ring on site, you hereby
	(Initial) This is my primary re	sidence, meaning I reside there for at	least 183 nights per year.
a guest	,	nust reside in the home during all time	s the property is being occupied by
•	ame		Ooto
			Date
Signatu	re		Jale
J		DLICANT	Jale
BURDEN	OF PROOF IS ON THE AP		
BURDEN Commun	OF PROOF IS ON THE AP	Staff will assist anyone who desires to	file an application with the City. Such
BURDEN Commun assistance	OF PROOF IS ON THE AP ity Development Department e, however, must not be inter	Staff will assist anyone who desires to preted as encouragement to the applica	file an application with the City. Such
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BURDEN Commun assistanc of proof is and unde	OF PROOF IS ON THE AP ity Development Department e, however, must not be inter s upon the Applicant to justif rstand that I HAVE THE BUI	Staff will assist anyone who desires to preted as encouragement to the applicacy findings required for the approval in RDEN OF PROOF in the matter arising	file an application with the City. Such ant regarding the outcome. The burden this matter I have read the foregoing under the application made by me. I
BURDEN Commun assistanc of proof is and unde further ur	ity Development Department e, however, must not be inters upon the Applicant to justificate that I HAVE THE BUIlderstand and agree that the	Staff will assist anyone who desires to preted as encouragement to the applicacy findings required for the approval in	file an application with the City. Such ant regarding the outcome. The burden this matter I have read the foregoing g under the application made by me. I plete until such time that all materials
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BURDEN Commun assistanc of proof is and unde further ur required	ity Development Department e, however, must not be interest upon the Applicant to justificate that I HAVE THE BUIl inderstand and agree that the for application have been seen	Staff will assist anyone who desires to preted as encouragement to the applicate from the approval in RDEN OF PROOF in the matter arising application shall not be deemed com	file an application with the City. Such ant regarding the outcome. The burden this matter I have read the foregoing g under the application made by me. I plete until such time that all materials

SUBMITTAL REQUIREMENTS CHECKLIST

Application Fee.
Home Sharing Rental Permit (HSR) Application and Acknowledgment Form (only one application is required per property regardless of the number of HSR).
Site Plan: showing all improvements on the entire property on which the home sharing unit(s) is/are located, including number and location of designated on-site parking spaces available (including garage parking) for use by renter(s), and storage location of trash containers.
Floor Plans (one per unit): labeling all interior rooms and the location of all bedrooms for home sharing. Include the number of beds (including sofa beds, inflatable mattresses, roll-a-way beds, hide-a-beds, and the like) to be rented as part of the home sharing rental, the dimensions of the of the bedrooms for home sharing, and all windows and exterior doors.
Proof of Ownership for at least one year (to be established by providing a copy of at least one document that identifies the full name or names of the applicant as owner and the address of the property such as a property tax bill, mortgage statement, or title report)
If applicable, proof that a qualifying tenant has resided at the residence for a minimum of one year.
Proof of Primary Residency (to be established by providing two documents which associate the property as the place of the applicant's personal life activities, such as valid federal or state-issued photo identification, passport, alien registration card, valid California voter registration card or status document, vehicle registration, health or vehicle insurance certificates/bills, pay stubs with name and address, utility bills)
Copy of lease if not owner's Primary Residence

PROPERTY OWNER AUTHORIZATION

Names/signatures	of all persons	having an	interest in	the property	whose	consent is	required to	authorize	filing o	٥f
this application:										

Name:	Signature:	Date:
Name:	Signature:	Date:
California Acknowledgment		Civil Code § 1189
1	eting this certificate verifies only the ide tached, and not the truthfulness, accurac	•
	ACKNOWLEDGEMENT	
State of California		
County of)	
On	before me,	, Notary Public,
to the within instrument and ackr	atisfactory evidence to be the person(s nowledged to me that he/she/they e ny his/her/their signature(s) on the inst	xecuted the same in his/her/their

WITNESS my hand and official seal.

upon behalf of which the person(s) acted, executed the instrument.

Signature _____(Seal)

true and correct.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is

QUALIFYING TENANT AUTHORIZATION

Signature _____(Seal)

Names/signatures of all qualifying t	enants, as defined in Chapte	r 5.76 of the Gardena Municipal Code:
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Name:	Signature:	Date:
Name:	Signature:	Date:
	,	
California Acknowledgment		Civil Code § 1189
· ·	leting this certificate verifies only the id tached, and not the truthfulness, accura	dentity of the individual who signed the acy, or validity of that document.
	ACKNOWLEDGEMENT	
	Acid Weed Comment	
State of California County of)	
On	 '	, Notary Public,
to the within instrument and ackr	nowledged to me that he/she/they by his/her/their signature(s) on the in	(s) whose name(s) is/are subscribed executed the same in his/her/their strument the person(s), or the entity
I certify under PENALTY OF PERJU true and correct.	JRY under the laws of the State of Ca	alifornia that the foregoing paragraph is
WITNESS my hand and official seal		

(310) 217-9524 PLANNING DIVISION



SITE PLAN

Please draw a site plan in the space provided below, or on a separate sheet attached to this form, showing all improvements on the entire property on which the home-sharing rental unit(s) is/are located, number and location of designated on-site parking spaces available (including garage parking) for use by renter(s), and storage location of trash containers.

Community Development Department

1700 West 162nd Street Gardena, CA 90247-3778

(310) 217-9524 homesharing@cityofgardena.org www.cityofgardena.org

Address:	
Permit number:	Date:



FLOOR PLAN

Please draw a floor plan in the space provided below, or on a separate sheet attached to this form, labeling all interior rooms and the location of all bedrooms for home sharing. Include the number of beds (including sofa beds, inflatable mattresses, roll-a-way beds, hide-a-beds, and the like) to be rented as part of the home sharing rental, the dimensions of the of the bedrooms for home sharing, and all windows and exterior doors.

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Address:		
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