



SHORT-TERM RENTAL GUIDE

NEW APPLICATION PROCESS

Zoning clearance approval for a short-term rental is effective until December 31 of the calendar year.

- SHORT-TERM RENTAL ZONING APPLICATION**
- ACKNOWLEDGEMENT** – Verification of compliance with rental laws.
- SITE PLAN** – A labeled site plan or aerial photograph that identifies parking spaces in compliance with the Code and other information that demonstrates the requirements of this section.
- FLOOR PLAN** – A floor plan with square footage that identifies rooms on all floors and the specific location of bedrooms in a manner that demonstrates the requirements of this section.
- INSPECTION**- Initial Occupancy and Compliance Inspection is required.
- BCI & FBI BACKGROUND CHECK**-Results from a Background Check are required.
- REGISTRATION WITH CITY OF LANCASTER TAX DEPARTMENT**-Tax ID and Letter of Good Standing required from the Tax Department.
- FEE** – Appropriate fee as listed in the current Planning & Zoning fee schedule.

PERMIT RENEWAL PROCESS

Zoning Clearance approval to operate a short-term rental must be renewed before the end of every two calendar years. The deadline for submitting a renewal application is the first Monday in November of the year in which the current permit is set to expire. Failure to renew a permit before the deadline will necessitate a brand-new application.

- SHORT-TERM RENTAL ZONING APPLICATION**
 - On the permit description line, indicate that the application is a renewal and provide the original permit number.
 - If any information has changed about the owner, management, or property, provide an updated site plan, or floor plan as applicable to detail the changes.
- ACKNOWLEDGEMENT** – Verification of compliance with rental laws.
- BCI & FBI BACKGROUND CHECK**-Results from a Background Check are required.
- LETTER OF GOOD STANDING**- Required from Lancaster Tax Department.
- FEE** – Appropriate fee as listed in the current Planning & Zoning fee schedule.



APPLICATION FOR SHORT-TERM RENTAL PERMIT

Property Address _____
Parcel # _____
Subdivision & Lot # _____
Zoning District _____

THIS SECTION FOR OFFICE USE ONLY	
Flood Hazard Zone	Y / N
Wellhead Protection Zone:	Y / N
Historic Overlay District:	Y / N

Property Owner _____
Phone _____ Email _____
Address _____

Local Host (If Different than Property Owner) _____
Phone _____ Email _____
Address _____

Permit Type: New Registration Registration Renewal

Are there any proposed additions or alterations to the existing building or parking area? Yes No
Is a copy of a BCI/FBI Background Check included with this application? Yes No
Is a site plan showing the required unit layout and parking areas included with this application? Yes No

Type of dwelling unit: _____ Maximum number of occupants: _____
Lancaster Tax Department ID#: _____ Maximum number of vehicles: _____

THIS APPLICATION FOR AND THE GRANTING OF A PERMIT TO OPERATE A SHORT-TERM RENTAL DOES NOT RELEASE THE APPLICANT, PROPERTY OWNER, OR OTHER RELEVANT PARTY FROM OBTAINING OTHER NECESSARY PERMITS FOR THE SAME OR OTHER PROJECTS, AS OUTLINED IN OBC § 101.2 AND LCO § 1155.02.

BY SIGNING THIS FORM, I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND ATTACHMENTS ARE TRUE AND ACCURATE.

Signature _____ Name (please print) _____
Address _____

THIS SECTION FOR OFFICE USE ONLY

APPROVED DENIED

REVIEWER SIGNATURE _____ DATE _____

REVIEWER COMMENTS _____

HVAC PERMIT

<i>Describe Heating System:</i> BRAND: _____ MODEL: _____	# OF UNITS: _____ <hr/> OUTPUT (BTU/HR): _____ TONS: _____ <hr/> FUEL TYPE: _____ # OF OUTLETS: _____
<i>Describe Cooling System:</i> BRAND: _____ MODEL: _____	<input type="checkbox"/> FORCED AIR <input type="checkbox"/> RADIANT <input type="checkbox"/> GRAVITY <input type="checkbox"/> INFRARED <input type="checkbox"/> HEAT PUMP <input type="checkbox"/> BOILER/STEAM <input type="checkbox"/> CONDENSING UNIT <input type="checkbox"/> COOLING TOWER <input type="checkbox"/> EVAPORATION COOLER
TYPE: <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> NEW <input type="checkbox"/> ADDITION <input type="checkbox"/> ALTERATIO <input type="checkbox"/> REPLACEMENT / REPAIR	FIREPLACE TYPE: <input type="checkbox"/> MASONRY <input type="checkbox"/> MANUFACTURED <input type="checkbox"/> INSERT <input type="checkbox"/> STOVE <input type="checkbox"/> SOLID FUEL <input type="checkbox"/> GAS LOGS
PROPOSED ANCHORING OF SHEDS: _____	

CERTIFICATION (Read all sections, sign, date and attach any drawings and/or supporting documents)

IN ACCORDANCE WITH SECTION 105 OF THE OBC AND THE RCO, IF WORK HAS NOT BEGUN WITHIN 12 MONTHS, ONE EXTENSION SHALL BE GRANTED FOR AN ADDITIONAL 12-MONTH PERIOD IF REQUESTED BY THE OWNER AT LEAST 10 DAYS IN ADVANCE OF THE EXPIRATION OF THE APPROVAL. IF IN THE COURSE OF CONSTRUCTION, WORK IS DELAYED OR SUSPENDED FOR MORE THAN SIX MONTHS, THE APPROVAL OF PLANS OR DRAWINGS AND SPECIFICATIONS OR DATA IS INVALID. TWO EXTENSIONS SHALL BE GRANTED FOR SIX MONTHS EACH IF REQUESTED BY THE OWNER AT LEAST 10 DAYS IN ADVANCE OF THE EXPIRATION OF THE APPROVAL AND UPON PAYMENT OF A FEE FOR EACH EXTENSION OF \$60.00.

I FULLY UNDERSTAND THAT NO EXCAVATION, CONSTRUCTION, OR STRUCTURAL ALTERATION, ELECTRICAL OR MECHANICAL INSTALLATION OR ALTERATION OF ANY BUILDING, STRUCTURE, SIGN, OR PART THEREOF AND NO USE OF THE ABOVE SHALL BE UNDERTAKEN OR PERFORMED UNTIL THE PERMIT APPLIED FOR HEREIN HAS BEEN APPROVED AND ISSUED BY THE CITY OF LANCASTER BUILDING/ZONING DEPARTMENT.

I HEREBY CERTIFY THAT I AM THE OWNER OF THE NAMED PROPERTY, OR THAT THE PROPOSED WORK IS AUTHORIZED BY THE OWNER OF RECORD AND THAT I HAVE BEEN AUTHORIZED BY THE OWNER TO MAKE THIS APPLICATION AS HIS/HER AUTHORIZED AGENT AND I AGREE TO CONFORM TO ALL APPLICABLE LAWS OF THE JURISDICTION. IN ADDITION, IF A PERMIT FOR WORK DESCRIBED IN THIS APPLICATION IS ISSUED, I CERTIFY THAT THE CODE OFFICIAL OR THE CODE OFFICIAL'S AUTHORIZED REPRESENTATIVE SHALL HAVE THE AUTHORITY TO ENTER AREAS COVERED BY SUCH PERMIT AT ANY REASONABLE HOUR TO ENFORCE THE PROVISIONS OF THE CODE(S) APPLICABLE TO SUCH PERMIT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE LISTED INSTRUCTIONS.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINT NAME: _____

ISSUED BY: _____ DATE: _____

You must provide valid **Drivers License** (or Government issued photo ID) for Identification and **Social Security Card** for Verification to be fingerprinted

Webcheck# _____ Log# _____

Request for a Background Check via Electronic Fingerprinting

BCI/State \$35 FBI/Federal \$35 BCI and FBI/State and Federal \$55

Personal Information (please PRINT)

Type of Photo ID _____

Name _____ State/Province _____
Date of Birth _____ SSN _____ Zip/Postal _____
Address _____ Phone # _____
City _____ Email Address _____

Complete this portion only if an FBI background check is needed:
Sex Race Height Weight Eyes Hair

(Organization must be VECHS registered with BCI to use the "Volunteer Children's Act" FBI code.)

LAW CODE(s): Authorized Reason Code(s): Other: Short-Term Rental Property

RECIPIENT Name and Address of organization

Direct Copy to (circle only one):

for results to be mailed to:

NAME: _____

ATTN: _____

ADDRESS: _____

PHONE #: _____

- BMV Dealer Licensing
- BMV Deputy Registrar
- Childcare Ctr/Type A ODJFS*
- Commerce-Med Marijuana Cont.
- Construction Board *
- Lottery Commission
- Occ./Phy. Therapy, Athletic Train.*
- Ohio Board of Nursing Ohio*
- Department of Education*
- Ohio Dept. of Insurance
- Ohio Dept. of Liquor Control
- Ohio Dept Agriculture-Hemp Prog.*
- State Speech/Hearing Pro Board*
- Ohio Div Real Estate/Prof Lic*
- Ohio Medical Board*
- OPOTA
- Ohio Racing Commission
- Ohio Veterinary Med License Board*
- Ohio Board of Pharmacy*
- PI/SG Ohio Dept Public Safety
- Social Work Board*
- State Vision Pro Board*
- NONE**

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the Ohio Bureau of Criminal Identification & Investigation to conduct records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the above named person/organization. I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

 (initial) Noncriminal Justice Applicant's Rights form made available for FBI fingerprints.

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

Parent/Guardian' Printed name _____

Parent/Guardian Signature (Minor Applicants only) _____

Witness Name (please print) _____

Witness Signature _____

By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant. Form update 7/17/24