



**BED & BREAKFAST / VACATION RENTAL /
AGRICULTURAL HOMESTAY /
TAX CERTIFICATE &
AMENDED TOT CERTIFICATE APPLICATION**

Mariposa County Planning Department
5100 Bullion Street, P.O. Box 2039
Mariposa, CA 95338
Telephone (209) 966-5151 Toll Free (866) 723-5151
FAX (209) 742-5024
www.mariposacounty.org

FOR OFFICE USE ONLY

Date Received _____ Received By _____
Fees Paid \$ _____ Receipt No. _____ Received By _____
Application No. _____ Application Complete _____
Certificate No. _____ Date Issued _____

APPLICANT INFORMATION

Applicant Name _____

Mailing Address _____

Daytime Telephone Number(s) (_____) _____ (_____) _____

E-Mail Address _____

Property Owner Name _____

PROVIDE NAME OF PROPERTY OWNER IF DIFFERENT THAN APPLICANT

Mailing Address _____

Daytime Telephone Number(s) (_____) _____ (_____) _____

E-Mail Address _____

Business Operator (Manager) Name _____

PROVIDE NAME OF BUSINESS OPERATOR IF DIFFERENT THAN APPLICANT

Mailing Address _____

Daytime Telephone Number(s) (_____) _____ (_____) _____

E-Mail Address _____

Type of Organization Owning/Operating Business _____

Individual _____ Partnership _____ Corporation _____ Other (specify) _____

Names of Partners or Corporation Officers

NAME	TITLE	MAILING ADDRESS	DAYTIME TELEPHONE NUMBER

NAME	TITLE	MAILING ADDRESS	DAYTIME TELEPHONE NUMBER

PROJECT INFORMATION

Please check the proposed use or application type and complete the information below:

New Vacation Rental

Number of bedrooms: _____ Number of guest bedrooms to be rented: _____

Amended Vacation Rental TOT Certificate Certificate Number: _____

Number of existing bedrooms being rented _____ Number of bedrooms to add _____

New Bed & Breakfast

Number of guest bedrooms to be rented: _____

Number of permanent residents in occupied residential structure: _____

Amended Bed & Breakfast TOT Certificate Certificate Number: _____

Number of existing bedrooms being rented _____ Number of bedrooms to add _____

New Agricultural Homestay

Number of guest bedrooms to be rented: _____

Number of permanent residents in occupied residential structure: _____

Describe how guests participate in the on-site agricultural activities or are educated about agriculture: _____

Amended Agricultural Homestay TOT Certificate

Number of existing bedrooms being rented _____ Number of bedrooms to add _____

Is this is a ***change of ownership*** application for an existing facility Yes No

Is this a ***transfer into or within a Trust?*** Yes No

Is this a ***transfer between parents and their children*** as defined by California Revenue and Tax Code? Yes No

PROPERTY INFORMATION

Business Name _____
 (this is not for the management company name but if you have a business name or a cabin name put that here)

How long have you owned or operated this business? _____

Physical Address of property _____

Assessor's Parcel Number (APN) _____ Parcel Size (acres) _____

Driving Directions to Site _____

Describe present or associated uses of property (residential uses, commercial uses, home enterprise, nursing home, day care, agricultural, etc.):

Number of *existing* parking spaces adjacent to rental unit / room _____

Number of *proposed* parking spaces adjacent to rental unit / room _____

Water Source: Well Spring Water System Other _____

Sewage System: Sewer Septic System/Leach Field Other _____

Estimated % of time per year the unit is used as:

_____ % Rental (compensated) _____ % Residential (non compensated rental)

_____ % Vacant

**BED & BREAKFAST / VACATION RENTAL / AGRICULTURAL HOMESTAY
SITE PLAN REQUIREMENTS CHECKLIST**

Please draw site plan accurately and neatly showing all the required information. Thank you.

1. On an 8.5" x 11" or 11" x 17" sheet of paper, show parcel boundary drawn to scale.
2. Footprint and dimensions of the house(s) drawn to scale in its/their location on the property.
3. Access road(s) adjacent to or providing access to, the parcel.
4. The driveway from the access road to the dwelling.
5. If a garage is on-site, then location and dimensions must be shown.
6. Show existing and proposed parking spaces on the property. Parking Spaces must be dimensioned and drawn to scale and show the turning around area, if needed. Parking spaces must be on site (except in the community of Yosemite West) and be 10' x 20' in size. Bed and Breakfast establishments and Agricultural Homestays require two (2) spaces for the dwelling, and one (1) space for each bedroom to be rented. Vacation Rentals require one (1) space for each bedroom to be rented.
7. Show location of existing well or spring and septic system (including tank and leachlines) on the property.
8. Payment of application fees as determined by Mariposa Planning. Additional fees may be charged by other agencies or county offices, depending on the type of application.

FEEES

These fees are for a new Bed and Breakfast, Vacation Rental or Agricultural Homestay, OR for a change in the number of rooms to be rented on an existing TOT Certificate. Projects involving separate structures or units shall require separate applications and separate fees.

Application Fee (Fish Camp).....	500.00
Application Fee (Wawona, Yosemite West).....	380.00
Application Fee (other locations)	260.00
Document Conversion Fee.....	15.00
Building Department Fee	61.00
Health Department Fee (for areas on well, spring, & or septic systems).....	114.00*
Health Department Fee (for areas with community water & sewer).....	59.00

Additional Variable Fees:

Fish Camp Public Noticing Fee (____ names at .50 per name + 5.00)..... _____

Vehicle Mileage Fee (_____ miles at .54 cents per mile, roundtrip)..... _____

TOTAL FEE:

*this Health fee is for the 1st hour. If additional time is required by the Health Department they will bill applicant. If re-inspections have to be made they will be charged accordingly to the applicant by that inspecting department.

NOTE: As of September, 2011, the Building Department is conducting the required inspection for Mariposa County Fire.

AUTHORIZATION SIGNATURE(S)

Affidavit

Applicant/Agent Authorization:

I/we, _____, Property Owner(s) hereby authorize _____ to act as a representative/Applicant and/or _____ to act as a representative/Agent in all matters pertaining to the processing and approval of this application, including modifying the project, and agree to be bound by all representations and agreements made by the designated Applicant and/or Agent. I/we declare that if the Property Owner and/or Applicant is a Partnership, Limited Liability Corporation, Corporation or Trust, the individual(s) listed below certifies that he/she/they is/are authorized by that entity to execute the application form attached herewithin.

<u>Property Owner (printed name):</u>	<u>Applicant (printed name):</u>	<u>Agent (printed name):</u>
<u>Property Owner (signature):</u>	<u>Applicant (signature):</u>	<u>Agent (capacity/title):</u>
<u>Property Owner (capacity/title):</u>	<u>Applicant (capacity/title):</u>	
Date:	Date:	
<u>2nd Property Owner (printed name):</u>	<u>Co-Applicant (printed name):</u>	
<u>2nd Property Owner (signature):</u>	<u>Co-Applicant (signature):</u>	
Date:	Date:	

Property Owner(s)/Applicant Signature:

I/we declare under the penalty of perjury that the statements and information submitted in this application are in all respects true and correct to the best of my/our knowledge. I/we acknowledge that I/we have read and understand the information contained in the application package relating to the submittal and processing of this application. I/we understand that the processing of the application will be delayed if any required information is incorrect, omitted, or illegible. I/we declare that if an entity listed below is a Partnership, Limited Liability Corporation, Corporation or Trust the signer(s) below certifies that he/she is authorized by that entity to apply and sign the application attached herewithin.

<u>Property Owner (printed name):</u>	<u>2nd Property Owner (printed name):</u>	<u>Applicant (printed name):</u>
<u>Property Owner (signature):</u>	<u>2nd Property Owner (signature):</u>	<u>Applicant (signature):</u>
Date:	Date:	Date: