



**OKANOGAN COUNTY**  
**OFFICE OF PLANNING & DEVELOPMENT**  
 123 5<sup>TH</sup> Ave. N., Ste. 130 – Okanogan, WA 98840  
 (509) 422-7160 Fax; (509) 422-7349  
 Email: [planning@co.okanogan.wa.us](mailto:planning@co.okanogan.wa.us)

**ISSUANCE DATE:** \_\_\_\_\_

Date Received

## Nightly Rental License

<b>Fee Paid \$</b> _____ <b>Receipt #</b> _____ <b>Initial</b> _____	<b>Permits From Other Agencies:</b> Public Health <input type="checkbox"/> Building Department <input type="checkbox"/>
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### Required Items Before Issuance of Permit:

- Proof of Valid UBI number for Overnight Transient Accomodations
- Proof of legal operation prior to Sept. 9, 2005 IF nightly rental is not located within a Planned Development
- Permits from Okanogan County Public Health and Okanogan County Building Department
- Proof of current insurance (must have \$1,000,000 policy)
- Floor plan with fire exits and escape routes
- \$165 Annual Fee

### APPLICANT

Landowner Name: _____	Phone: #: _____ (Daytime)
Mailing Address: _____	Cell: #: _____
City/State/Zip: _____	Email: _____
<b>Assessors Tax Parcel #:</b> _____	
911/Physical Address: _____	
General Location: _____	
24 Hour Contact Name: _____	Phone: _____
	Email: _____
Applicant Signature: _____	_____
Sign Name	Print Name

Is the parcel located in a Planned Development?	Yes	No
If so what is the name of the Planned Development? _____		
Does the Planned Development allow for Nighly Rentals?	Yes	No
Do you have a valid UBI number for an Overnight Transient Accomodation?	Yes	No
What is your UBI number? _____		
Have you obtained a license for a Nightly Rental before?	Yes	No
If so what date was your last license issued? _____		
What is the maximum occupancy limit? _____		