# **AGENDA WORKSHEET**

***Submit completed worksheet to:***

*Siskiyou County Clerk, 510 N Main St, Yreka, CA 96097*

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| **Regular** | | |  | | | |  | **Time Requested:** | | | | | | **30 minutes** | | | | | | **Meeting Date:** | | | | **February 21, 2023** | | | | |
| ***OR*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Consent** | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Contact Person/Department:** | | | | | | | | | | | | | **Hailey Lang, Community Development Department** | | | | | | | | | | | **Phone:** | | **842-8203** | | |
| **Address:** | | | | | **806 South Main Street** | | | | | | | | | | | | | | | | | | | | | | | |
| **Person Appearing/Title:** | | | | | | | | | | **Planning Director** | | | | | | | | | | | | | | | | | | |
| **Subject/Summary of Issue:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Presentation of the Vacation Rental Analysis Report and discussion on identified policy recommendations. Staff intends for this item to be discussed over two meetings. The intent of this first meeting is for staff to provide the Board the Vacation Rental Analysis Report, which was prepared by consultant, Housing Tools, as well as discuss the policy recommendations identified in the report. The intent of the second meeting will be for staff to come back with finalized policy recommendations for the Board to consider and vote on.  The policy recommendations, taken from the report, include:  1-Remove the requirement that Vacation Rentals must be located on properties that are 2.5 acres or larger in size.; 2-Freeze the issuing of new Vacation Rental permits if the number of current Vacation Rental permits is more than two times the estimated number of rental vacancies in Unincorporated Siskiyou County at the end of the previous calendar year.; 3-Place a moratorium on issuing new Vacation Rental permits in the Unincorporated areas around Dunsmuir and Mount Shasta, and in McCloud. The market dynamics in this region could be monitored annually to determine whether the moratorium should be lifted.; 4-Implement a licensing and monitoring program, funded by an annual fee of around $500 to renew a Vacation Rental license. The monitoring program would include an annual inspection of the property by County staff.; and 5-Implement a $20 per night flat fee Lodger’s Tax that would be paid by Vacation Rental guests to the Vacation Rental owner. This generated revenue would fund the development of affordable rental housing in the Unincorporated County. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Financial Impact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NO** |  | *Describe why no financial impact:* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **YES** |  | *Describe impact by indicating amount budgeted and funding source below* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | | | | | | |  | | | |  |  | | |  | | |  | | | | | | | | | | |
| Fund: | | | | | | |  | | | |  | Description: | | |  | | | Org.: | | |  | | Description: | | | |  | |
| Account: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Activity Code: | | | | | | |  | | | |  | Description: | | |  | | |  | | | | | | | | | | |
| Local Preference: YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For Contracts – *Explain how vendor was selected:* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Additional Information: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Recommended Motion:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff requests that the Board receive the presentation on potential vacation rental policies. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Reviewed as recommended by policy:** | | | | | | | | | | | | | | | |  | ***Special Requests*:** | | | | | | | | | | | |
| County Counsel | | | | | |  | | | | | | | | | |
| *Certified Minute Order(s)* | | | | |  | | | *Quantity:* | | |  |
| Auditor | | | | | |  | | | | | | | | | |
|  | | |  | | | |
| Personnel | | | | | |  | | | | | | | | | | *Other:* | |  | | | | | | | | | |
| CAO | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 12:00 p.m. on the Wednesday prior to the Board Meeting.*** Revised 1/15/15