

Permit #

Date Received



**CONDITIONAL USE (VACATION RENTAL) PERMIT APPLICATION**

(Applications are due by 12:00 PM the Wednesday prior to the Planning & Zoning Meeting)

**APPLICANT / AGENT\*** \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**OWNER** \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**\*All City correspondence will be with the applicant/agent only**

**LOT INFORMATION**

Parcel ID# \_\_\_\_\_ Tax ID# \_\_\_\_\_ Current Zoning \_\_\_\_\_

Property Address \_\_\_\_\_

# Bedrooms \_\_\_\_\_ # Bathrooms \_\_\_\_\_ # Off-Street Parking Spaces \_\_\_\_\_

Legal Description \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Acres \_\_\_\_\_

**CONDITIONAL USE INFORMATION**

Please read the conditional use permit review criteria on the following page, before you complete the description information below. Each request for a conditional use permit shall be consistent with the adopted conditional use permit review criteria.

**DESCRIPTION OF REQUESTED CONDITIONAL USE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONDITIONAL USE PERMIT REVIEW CRITERIA**

A request for a conditional use shall be permitted to be approved, approved with conditions or denied. Each request for a conditional use approval shall be consistent with the criteria listed below:

1. The request is consistent with all applicable provisions of the comprehensive plan.
2. The request shall not adversely affect adjacent properties.
3. The request is compatible with the existing or allowable uses of adjacent properties.
4. The request can demonstrate that adequate public facilities, including roads, drainage, potable water, sanitary sewer, and police and fire protection exist or will exist to serve the requested use at the time such facilities are needed.
5. The request can demonstrate adequate provision for maintenance of the use and associated structures.
6. The request has minimized, to the degree possible, adverse effects on the natural environment.
7. The request will not create undue traffic congestion.
8. The request will not adversely affect the public health, safety or welfare.
9. The request conforms to all applicable provisions of this code.

**The State of South Dakota requires all vacation home rentals, rented for more than 14 days in a calendar year, to be registered with the SD Dept. of Health (to allow for health inspections) and the SD Dept. of Revenue. Conditional Use Permits for Vacation Home Rentals MUST comply with state requirements.**

Conditional Use Application Process for Vacation Rentals:

1. Application complete, fee paid & turned into Planning Department for review.
2. Planning & Zoning Commission reviews at their next meeting & forwards to City Council.
3. City Council sets hearing date (usually next City Council scheduled meeting).
4. Certified notices go to neighbors within 150’ of property lines. Applicant will be invoiced and shall reimburse City for all postage costs incurred.
5. City Council public hearing.
6. If approved, there will be a one year review (no sooner than 12 months and no later than 18 months).
7. All conditional uses are subject to review by the Planning & Zoning Commission and/or the legislative body at any time.

\*When a conditional use permit is abandoned or discontinued for a period of 1 year, it shall not be reestablished, unless authorized by the legislative body on appeal. A conditional use permit shall be revoked when the applicant fails to comply with conditions imposed. \_\_\_\_\_ *Initial*

\*Proof of registration with the State of South Dakota Dept. of Health & Dept. of Revenue is required within 3 months of approval of conditional use. This proof must be provided to Hill City Hall by the applicant or owner. \_\_\_\_\_ *Initial*

**I HEREBY CERTIFY THAT I HAVE EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. THE GRANTING OF THIS PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY FEDERAL, STATE OR LOCAL LAW.**

\_\_\_\_\_  
**Signature of Applicant / Agent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Owner**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY**

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**APPLICATION REVIEW**

- Application Complete
- Fees Paid
- Submit to the Planning & Zoning Commission for consideration and recommendation.
- Set hearing date with City Council
- Mail certified letters to neighboring property owners within 150 feet, 10 days prior to hearing date.
- Conduct hearing with City Council
- Scan documents to address file

**PLANNING & ZONING COMMISSION**

**Meeting Date** \_\_\_\_\_ **Action** \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY COUNCIL**

**Meeting Date** \_\_\_\_\_ **Action** \_\_\_\_\_

Notes:

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\_\_\_\_\_

**CITY COUNCIL**

**Meeting Date** \_\_\_\_\_ **Action** \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Application Fee \$ \_\_\_\_\_ Date Paid \_\_\_\_\_ Cash/Credit Card/Check # \_\_\_\_\_ Receipt # \_\_\_\_\_