



CITY OF ORINDA

**Short-Term Rental Registration**

22 Orinda Way, Orinda, CA 94563

(925)253-4210 ▪ [orindaplanning@cityoforinda.org](mailto:orindaplanning@cityoforinda.org)

**REGISTRATION #**

*(Staff Use Only)*

A short-term rental (STR) is a dwelling that is leased or rented in full or part for the purpose of overnight lodging for less than thirty (30) consecutive days. Any person who will be operating a short-term rental must first register by completing this form and paying a \$250 registration fee. Short-term rental registrations are valid for one year from date of issuance and must be renewed annually.

**NOTE:** Private property regulations such as deed restrictions or Conditions, Covenants, and Restrictions (CC&R's) of homeowners' associations may restrict or prohibit homestays even if such use is allowed by City regulations. Applicants are encouraged to determine compliance with all applicable private regulations before applying for City approval.

**SHORT-TERM RENTAL INFORMATION**

Address: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

Type of short-term rental:  Entire Home  Duplex  Triplex  
 Apartment  Condo  Guest House  
 Bed & Breakfast  Room Rental in Home

# of bedrooms on entire property:  
*(including those not within rental unit)*

# of off-street parking spaces:  
*(include covered and uncovered spaces)*

First date of STR operation: \_\_\_\_\_

Website(s) STR will be listed on: \_\_\_\_\_

Name/Title of your STR: \_\_\_\_\_

**PROPERTY OWNER(S)**

Type of Ownership:  Individual  Partnership  Trust  Corporation  LLC  
 Other: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone\*: \_\_\_\_\_

Email: \_\_\_\_\_

**OPERATOR/AGENT (If not the property owner)**

Name: \_\_\_\_\_

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

Phone\*: \_\_\_\_\_

Email: \_\_\_\_\_

*\*The Planning Department may provide your phone number to neighbors if issues with your short-term rental guests arise. If you would prefer an alternate phone number be provided to neighbors, please list it below.*

*Alternate Phone Number:* \_\_\_\_\_

**ACKNOWLEDGEMENT**

- A. The short-term rental is in compliance with Orinda Municipal Code Section 17.3.12 – Short-term rentals.  Yes  No

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- B. All construction at the property containing the short-term rental was conducted in compliance with building codes applicable at the time.  Yes  No

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- C. The short-term rental is in compliance with all local, state, and federal health and safety requirements, including those regarding smoke detectors, fire alarms, and fire extinguishers.  Yes  No

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- D. I agree to limit the total number of occupants on my property to 2 people per bedroom plus 3 additional people while the short-term rental is being rented.  Yes  No

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- E. I agree to comply with all City regulations including those regarding noise, parking, and occupancy.  Yes  No

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- F. I agree to NOT use the short-term rental for any use or event that would require a Temporary Event Permit, pursuant to Orinda Municipal Code Section 17.37.  Yes  No

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- G. I agree that the short-term rental registration is non-transferrable.  Yes  No

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- H. I agree that my property will only have one short-term rental at any given time.  Yes  No

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- I. I agree to include my registration number in any written advertisements for my short-term rental, if allowed by the online platform.  Yes  No

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- J. I agree that either I or operator/agent will be available 24/7 to accept telephone calls and be able to respond physically within 30 minutes when the short-term rental is rented.  Yes  No

**Certification.** *I certify under penalty of perjury that the above information is true and correct, and that I understand and agree to abide by City of Orinda Municipal Code Section 17.3.12. I agree to hold harmless, indemnify and defend the City against claims and litigations arising from or related to the issuance of the short-term rental registration. I agree to immediately report if my rental is discontinued and/or any change in ownership or mailing address.*

**Property Owner Signature Required:** *The City of Orinda requires the property owner’s signature when issuing a Short Term Rental Registration. The City of Orinda obtains property ownership information from the Contra Costa County Tax Assessor’s office. If we cannot verify current ownership information, we may ask for documentation to verify ownership.*

**Violation of Registration.** *Upon confirmation of violations of this section or other information alleging that a short-term rental has violated or is in violation of any applicable laws, regulations, or other requirements, including, but not limited to, the requirements of this section, the Planning Department may commence enforcement in accordance with Orinda Municipal Code Title 19.*

**PROPERTY OWNER**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPERATOR/AGENT (If not the property owner)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF USE ONLY**

Issued Date:	Expiration Date:
Max # of Occupants:	Approved By:



City of Orinda  
Finance Department  
22 Orinda Way, Orinda, CA 94563 (925) 253-4223

**TRANSIENT OCCUPANCY TAX REGISTRATION CERTIFICATE APPLICATION  
SUPPLEMENT TO SHORT TERM RENTAL FORM**

**PLEASE PRINT CLEARLY or TYPE (TO BE COMPLETED BY THE OWNER OR AGENT)**

**1. RENTAL PROPERTY ADDRESS:** \_\_\_\_\_

**2. PROPERTY OWNER INFORMATION:**

\_\_\_\_\_  
Property Owner Name(s)

\_\_\_\_\_  
Owner E-Mail Address ( ) Telephone

**TAX CERTIFICATE HOLDER / OPERATOR INFORMATION (Contact for Filing Quarterly Reports):**

**3. OPERATOR / AGENT**

<input type="checkbox"/>	<b>CHECK BOX IF SAME AS PROPERTY OWNER</b>
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\_\_\_\_\_  
Operator / Agent Name(s)

\_\_\_\_\_  
Operator Mailing Address City State Zip Code

\_\_\_\_\_  
Operator E-Mail Address ( ) Telephone

The information on this form will be used in conjunction with the initial Short-Term Rental Registration Form to establish the Operator as required under section 3.12.060 of the Orinda Municipal Code related to Transient Occupancy Tax.

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge.

Closing the rental or any change in ownership requires the return of the certificate and, if applicable, a new application. Please report any change in mailing address and/or contact information immediately.

\_\_\_\_\_  
**Authorized Signature** **DATE**

**Printed Name:** \_\_\_\_\_



**City of Orinda**  
**Planning Department**  
 22 Orinda Way, Orinda, CA 94563 (925) 253-4210

**SHORT-TERM RENTAL PROOF OF RESIDENCY**

PLEASE PRINT CLEARLY or TYPE (TO BE COMPLETED BY THE OWNER OR AGENT)

1. RENTAL PROPERTY ADDRESS: \_\_\_\_\_

2. PROPERTY OWNER INFORMATION:

\_\_\_\_\_  
 Property Owner Name(s)

All applicants shall provide as many as possible of the following documents (original or copy) for review to verify the applicant's residency. All provided documents must include the address of the short-term rental.

- Section A:** All numbered items are required of every applicant.
1. Application for Short-Term Rental Registration.
  2. Proof of liability insurance in the amount of no less than \$500,000 (unless utilizing a Host Platform that provides equal or greater coverage).
  3. Acknowledgement (page 2 of application) agreeing to abide by all requirements of the Short-Term Rental Ordinance, and all applicable City of Orinda laws and regulations.
  4. Current California Driver's License or State issued ID card.
  5. Application fee of \$250 (non-refundable).

- Section B:** All applicants should submit as many as possible of the following documents listed below. At a minimum, the applicant must submit at least 2 documents from Section B.
1. Proof of Homeowner's Tax Exemption.
  2. A utility bill issued by a public utility (such as PG&E). *(Please note you may only use a utility bill as one form of residency confirmation. Cable, cell phone and internet bills are not accepted as a utility bill).*
  3. Proof of Vehicle Registration.
  4. Proof of car insurance.
  5. Voter Registration Card or Voter Registration Certificate.

Office Use Only:

Forms of ID Presented (Check all that were submitted):

- |                          |                           |                    |                        |
|--------------------------|---------------------------|--------------------|------------------------|
| <input type="checkbox"/> | Driver's License/State ID | Date Issued: _____ | Date Expires: _____    |
| <input type="checkbox"/> | Vehicle Registration      | Date Issued: _____ | Date Expires: _____    |
| <input type="checkbox"/> | Car Insurance             | Date Issued: _____ | Date Expires: _____    |
| <input type="checkbox"/> | Utility Bill              | Type: _____        | Date of Bill: _____    |
| <input type="checkbox"/> | Homeowner's Tax Exemption |                    | Date of Receipt: _____ |
| <input type="checkbox"/> | Other                     | Type: _____        | Date of Receipt: _____ |

Approved by: \_\_\_\_\_ Date of Receipt: \_\_\_\_\_