



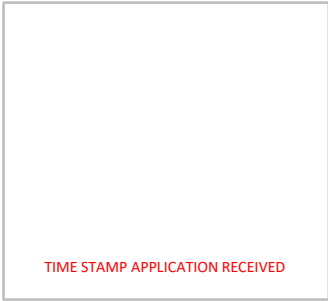
PLANNING AND BUILDING DEPARTMENT

VACATION HOME RENTAL APPLICATION

<https://www.edcgov.us/Government/Planning>

PLACERVILLE OFFICE:
PLANNING
2850 Fairlane Court, Placerville, CA 95667
(530) 621-5355 / (530)642-0508 Fax
planning@edcgov.us

LAKE TAHOE OFFICE:
924 B Emerald Bay Rd
South Lake Tahoe, CA 95150
(530) 573-3330
(530) 542-9082 fax



VACATION HOME RENTAL (VHR) CHANGE OF CERTIFIED LOCAL CONTACT

VHR permit number: _____ Assessor Parcel Number: _____

Rental Location: _____
(Street Address and Town)

Local Contact (LC) Information:

Local Contact Name: _____ Local Contact Email. : _____

LC Physical Address: _____ LC Mailing Address: _____

LC Primary Phone Number: _____ LC Secondary Phone Number: _____

Are you requesting to update change in agent? Yes No If yes, provide additional items 4-5 listed on check list.

REQUIRED SUBMITTAL INFORMATION

The following information must be provided with application. **If all the information is not provided, the application will be deemed incomplete and will not be accepted.** Place a check in the applicant column on the left to be sure you have all required information.

Applicant	County	
_____	_____	1. Local Contact Person's Acknowledgement form signed by the local contact person. Include a copy of their <u>Certification test results</u> showing a passing score of at least 17/20
_____	_____	2. Provide a copy of the LC's <u>Certification test results</u> showing a passing score of at least 17/20
_____	_____	3. Payment for Change of Local Contact fee. Check made payable to El Dorado County . Fees can be found https://www.edcgov.us/Government/planning
If requesting a Change in Agent , please provide required material in boxes 4-5		
_____	_____	4. Owner/Agent's Acknowledgement & Certification signed by all property owners or agent.
_____	_____	5. If Agent is signing both Acknowledgments, then a signed Owner's Letter of Authorization is required

VHR Owners Name: _____ **VHR Owner Signature:** _____ Date: _____

New LC Signature: _____ Date: _____

OFFICE USE ONLY

LC Change Fee: \$ _____ RECEIPT # _____