



**CITY OF MAPLE RIDGE**  
**SHORT-TERM RENTAL APPLICATION APPENDIX**

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS ADDRESS:** \_\_\_\_\_

**SHORT-TERM RENTAL** is a Residential Use providing overnight accommodation for no longer than thirty (30) consecutive days per annum in a Dwelling Unit or Sleeping Unit. This use does not include Tourist Accommodation or campgrounds.

Must be within a single detached house, secondary suite, detached garden suite (DGS), duplex, triplex or fourplex, subject to conditions in the Zoning Bylaw. (Defined by the Zoning Bylaw definition and regulations as amended from time to time)

1. Are you the Registered Owner of the property?  YES  NO
2. Is the property your principal residence?  YES  NO
3. Is the property parcel more than 371m<sup>2</sup>?  YES  NO
4. Is the Property within the Agricultural Land Reserve?  YES  NO
5. Is the property within a Registered Strata?  YES  NO  
 If YES, please provide a signed Strata approval for a Short-Term Rental.
6. Is the Short-Term Rental located within a Secondary Suite or Detached Garden Suite  YES  NO  
 If YES, is the Secondary Suite or Detached Garden Suite Registered?  YES  NO
7. Are you offering the entire dwelling as a Short-Term Rental (max 6 guests)?  YES  NO  
 If NO, how many bedrooms are available for the Rental (max 3 bedrooms)? \_\_\_\_\_  
 IF NO, will each bedroom be offered as separate listings?  YES  NO  
 \*\*Parking requirements are per listing
8. Can you provide adequate parking for guests as per the Off-Street Parking Bylaw?  YES  NO  
 \*\*1 off-street parking space per Short-Term listing is required. See Sample
9. Have you obtained \$1million Liability Insurance (proof required for application)?  YES  NO
10. Have you completed the Life Safety Checklist (required for application)?  YES  NO

**PERSONAL INFORMATION ENTERED ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF SECTION 26(c) OF THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA) FOR THE PURPOSES OF PROCESSING YOUR RENTAL PROPERTY BUSINESS LICENCE APPLICATION. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT HOW YOUR INFORMATION WILL BE USED, CONTACT THE FOI OFFICE BY CALLING 604-466-4300 EXT. 5557 OR BY EMAILING [FOI@MAPLERIDGE.CA](mailto:FOI@MAPLERIDGE.CA)**

\_\_\_\_\_  
**PRINT FIRST NAME**

\_\_\_\_\_  
**PRINT LAST NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**