



CITY of SEASIDE

OREGON'S
F A M O U S
A L L - Y E A R
R E S O R T

COMMUNITY DEVELOPMENT
LOCATION: 1387 AVE U
MAIL: 989 BROADWAY
SEASIDE, OREGON 97138
(503) 738-7100

VACATION RENTAL DWELLING
OCCUPANCY REDUCTION REQUEST

Property Owner: _____

Property Address: _____

Property Map & Tax Lot: _____

Current Occupancy: _____

New Reduced Occupancy: _____

The undersigned hereby acknowledges this is a permanent change in the allowed occupancy for their Vacation Rental Dwelling Permit. The new occupancy is a reduction and will be the maximum number of occupants for this permit.

To increase the occupancy, the owner will be required to make application for new Vacation Rental Dwelling Permit and meet the current requirements of Section 6.137 of the Seaside Zoning Ordinance.

Print Name: _____

Owner Signature: _____

Date: _____

Current Local Contact: _____

Address: _____

Phone #: _____