

What is a Short-Term Rental (STR)? A short-term rental, as defined by the Hawthorne Municipal Code (HMC), is the offering of a dwelling for rent for no more than thirty consecutive days as a way of generating rental income. The HMC allows hosted, un-hosted, and vacation rentals, subject to limitations, per HMC Chapter 17.74.

What is required to obtain a Short-Term Rental (STR) Permit? The Planning Department requires completion of a Master Land Use Application, Supplemental Application Forms and submittal of additional pertinent documents, as required by the Planning Department. The Planning Department will review the application and supplemental materials and, if approved, the applicant(s) will be required to apply for a City business license with the Department of Finance as well as complete a Transient Occupancy Tax (TOT) Registration Certificate.

Short Term Rentals (STR) may be permitted in the following types of properties:

Type of Property	Type of STR Permitted	Number of Qualified Units
Single Family Residence (SFR)	Home-Sharing & Vacation Rental*	1
Duplex	Home-Sharing	1
Triplex	Home-Sharing	2
Multi-Family Residential (4 or less units)	Home-Sharing	2
Multi-family Residential (5+ units)	Not qualified	0
Condominium	Home-Sharing & Vacation Rental*	1
Planned Unit Development (PUD)	Home-Sharing & Vacation Rental*	1

^{*} Vacation Rentals are secondary units, not occupied by the property owner, and only qualify for a 90 day per year rental as a STR. Note: STR's will not be permitted in Section 8 Housing nor in Accessory Dwelling Units (ADU).

The following items are required for review of a Short-Term Rental (STR) in the City of Hawthorne: Completed Forms: Application Form for Short-Term Rentals

Ш	Owner's Affidavit
	Property Inspection Self-Certification for Short-Term Rentals
	Short-Term Rental Affidavit of Primary Residence

☐ All applicable items required per HMC Section 17.74.020 (A).

Filing Date:	Hearing Date:	Case No.	General Plan Designation:	Current Zoning:
Project Planner:		Outcome:		



TYPE OI	F SHO	RT-TE	RM RENTAL (STR) APPL	YING FOR	:				
	00									
	Hor	A pr	aring: operty in whi O (thirty) cons				e STR is	typically av	vailable for temporary l	odging for period
		Is th	e STR a hoste	d or an un	n-hosted r	esidentia	al unit (select one):	
			Hosted Stay work hours).		remains o	on-site th	irougho	ut the gue	st's stay (except during	daytime and/or
			Un-Hosted S	tay - The h	ost remai	ns off-sit	e durin	g the guest	t's stay.	
	Vac		Rental: condary resid	ence not l	ocated on	the sam	e lot as	that of the	e owner's primary resid	lence
Is the	e prop	erty _l	part of a Hom	e Owners	Association	on (HOA)?			
		No)						l from an authorized Il HOA letterhead, is red	quired.
assoc	iations	s may	_	ibit STRs ev	en if such u	ise is allov	wed by C	ity Regulati	Restrictions (CC&R's) of ho	
Shor	t Tern	n Ren	tal (STR) Addı	ess (list al	ll units – u	ıse addit	ional sh	eets if ned	ressary):	
	Numbe	er		Street		Unit(s)		City	State	Zip
Num	ber of	units	on the prope	rty:		Numb	er of un	its utilized	as a STR:	
Num	ber of	f parki	ng spaces on-	site: Di	riveway:			_ Garage:		
Num	ber of	f parki	ng spaces pro	vided for	each STR ι	unit(s):	Unit:		# of spaces:	
							Unit:		# of spaces:	
Tota	l numl	ber of	full-time occu	upants on	property (answer	only if y	ou checked	d "Home-Sharing" abov	/e):
	Unit:		# of o	ccupants:			U	Jnit:	# of occupants	:

Unit: _____ # of occupants: _____

Unit: _____ # of occupants: _____



RESIDENT/HC	ST INFORMATION	ON:				
Primary Ro	esident:					
First Name	e:		Last Na	ime:		
Phone:			Email:			
Provide m	ailing address (i	f different fron	n STR location):			
Numb	er	Street	Unit	City	State	Zip
In relation	to the propert	y, where the S	TR unit(s) is locate	ed, is the applican	t the:	
☐ Prope	erty Owner	☐ Less	ee*	Sub-lessee*		
			ou are the Lessee norization granting		owner must provi	de notarized
OPERATIONS	INFORMATION:					
STR Emerg	ency Contact In	formation:				
Provide po operator:	int of contact (2	24 hours access	sible). The contact	can be the STR o	perator or a desigr	nee of the
		Operator	□ Delication	esignee		
Name:				Phone #:		
Address:						
Email:						
		Operator		esignee		
Name:				Phor	ne #:	
Address:						
Email:						



Hosting Platforms:

List all hosting platforms (i.e. Airbnb, VRBO, HomeAway, Management company, etc.) the property will be advertised through. Provide listing numbers and/or contact information associated for each platform (use additional sheets if necessary):

Hosting Platform:	Your Listing #:	
Website:		
Contact Name:	Phone #:	
Email:		
Hosting Platform:	Your Listing #:	
Website:		
Contact Name:		
Email:		
Hosting Platform:	Your Listing #:	
Website:		
Contact Name:	Phone #:	
Email:		
P	Planning Department Use Below	
Comments		



Signature:

Hawthorne Planning Department

Short Term Rental Application

Owner's Affidavit for Short-Term Rentals

(Form MUST be notarized)

Under the penalty of perjury, I/we attest that I/we am/are the owner(s) of record for the property associated with this application, and I/we authorize this application to be filed. Further, I/we do, by my/our signature(s) on this agreement, absolve the City of Hawthorne of all liabilities regarding any deed restrictions that may be applicable to the property described herein. If the request is approved, I/we am/are willing to record a covenant that may restrict the use of my/our property as related to this request. I/we furthermore authorize the authorized agent named in this application to act as my representative.

I/We declare that all encumbrances on the subject property are shown on the submitted site plan (or attached on a separate sheet) and that the purpose of all encumbrances (and ownership of all easements) is stated. In the case of a tentative map, I/we further declare that the property involved in this application is free from all encumbrances that would conflict with the project application; particularly dedications of the right to further subdivide/consolidate to the County of Los Angeles or City of Hawthorne.

I/We hereby grant the City admittance to the subject property as necessary for processing of the project application.

I/We declare under penalty of perjury that the foregoing statements and answers herein contained and information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

Print name:

Signature:	Print name:
Signature:	Print name:
reveals the agent for service of process or an office a copy of corporate articles, partnership agreemen	hip, or trust, an ownership disclosure must be submitted thater of the ownership entity. This may be verified by providing ont, or trust document, as applicable. In the event that the trust beed is required to confirm ownership. Ownership on the name of the application.
ALL-PURPOSE ACKNO	OWLEDGMENT AND AFFIDAVIT
State of California	
County of	
Onbefore me,	
(Insert Name of Notary Public and Title)
evidence to be the person(s) whose names (s) is/are sthat he/she/they executed the same in his/her	who proved to me on the basis of satisfactory subscribed to the within instrument and acknowledged to me /their authorized capacity(ies), and that by his/her/their entity upon behalf on which the person(s) acted, executed the
I certify under the PENALTY OF PERJURY under the latrue and correct.	aws of the State of California that the foregoing paragraph is
WITNESS my hand and official seal	
(Seal) Signature	



Hawthorne Planning Department

Short Term Rental Application

Property Inspection Self-Certification for Short-Term Rentals

(A self-certification form is required for each unit – Form MUST be notarized)

Prope	Property Owner/Lessee Name:						
	STR Address:						
Assess	Assessor Parcel Number (APN):						
Provide photos showing the following areas of the STR (label photos accordingly):							
□ Ex	Exterior Interior Front Entrance Front Entrance O	ther					
The S1	STR must meet all of the following standards (must be initialed by the Property Own	er or Lessee):					
	I certify that all sleeping rooms are provided with one operable window or door in a the room.	ddition to entry into					
	I certify that each sleeping room and hallway has a functional smoke detector. The installed in accordance to applicable regulations.	smoke detectors are					
	I certify that carbon monoxide devices have been installed and meet the standards regulations.	of all applicable					
	I certify that no double-keyed dead bolt locks are installed on exit doors and all exit operational and not obstructed.	doors are					
	I certify that the property does not contain hazardous conditions related to stairs, g balconies, water heaters, heating and air conditioning equipment, electrical panels, spas. The equipment is in safe operating condition in accordance to all applicable re	swimming pools and					
	I certify that the unit complies with all applicable requirements of the Hawthorne M including Fire and Building and Safety regulations.	Iunicipal Code,					
information safety of th	conducted an inspection of the property proposed to be a Based on the inspection, I find that it is safe to occupy for resident ondition, poses no hazard to life, health, or public safety. I hereby certify under the period on given is true and correct. I understand that the City of Hawthorne may rely on the this property for residential use as short term lodging by the public in deciding we can for a license to operate this property in its present condition for a Short Term Rental	tial purposes and, in its nalty of perjury that the is certification as to the hether to approve the					
Certification	on completed by: Applicant (print, sign, & date below) Third Party Inspector (c	complete all sections below)					
Print Nam	me: Signature:	Date:					
Company:	y: License #:						
Address:	: Phone #:						



Hawthorne Planning Department

Short Term Rental Application

Short-Term Rental Affidavit of Primary Residency

(form MUST be notarized)

l,	declare under p	enalty of perjury on the	day of
, 20, that	I am the primary resident of t	the Short-Term Rental and that	legally reside on
said property located at:			
Address:			
Assessor Parcel Number (APN):			
Proof of residency documents:			
Acceptable proof of primary reidentify both the applicant by n		e of the following documents who ddress:	nich specifically
The following document is requ	uired:		
☐ Homestead Tax Exception	for the property		
Choose two (2) of the following	g additional documents to sub	mit as proof of residency (requir	red):
☐ Motor Vehicle Registration	\square Voter Registration	☐ Bank Account Statement	
☐ Utility Bill	☐ Credit Card Bill		
☐ Income Tax document (sho	owing the residential unit as th	ne host's primary residence)	
EXECUTED	day of	20	
	uay or	, , 20	
		Signature of Resident	
		Signature of Resident	
CTATE OF CALIFORNIA	,	· ·	
STATE OF CALIFORNIA)		
COUNTY OF LOS ANGELES)ss)		
I CERTIFY that I know or have sa the forgoing instrument and ac purposes mentioned in the inst	knowledged it to be his/her/th	neir free and voluntary act for th	signed ne uses and
		DATED:	
	SIGNATURE OF NO	OTARY PUBLIC:	