



MARQUETTE COUNTY

Zoning Department



Administrator—Thomas Onofrey P.O. Box 21 Montello, WI 53949 Technician—Dustin Grant
Administrative Assistant—Nora Beskow (608) 297-3036

TOURIST ROOMING HOUSE COMPLIANCE PACKET

On November 10, 2015, the Marquette County Board of Supervisors passed the Tourist Rooming House Ordinance. It is referred to as Chapter 35. The Program Coordinator for Chapter 35 is Dustin Grant. The phone number for our office is 608-297-3036. Or you can email any questions to dgrant@co.marquette.wi.us.

PURPOSE

The purpose of this Chapter is to ensure that the quality of tourist rooming houses operating within the County is adequate for protecting public health, safety and general welfare, including establishing minimum standards of space for human occupancy and for an adequate level of maintenance; determining the responsibilities of owners, operators and resident agents offering these properties for tourists, for the proper collection of taxes, to protect the character and stability of all areas within the County; to provide minimum standards necessary for the health and safety of persons occupying or using buildings, structures or premises; and provisions for the administration and enforcement thereof.

APPLICABILITY

This ordinance applies to all lodging places or tourist cabin or cottage where sleeping accommodations are offered for pay to tourists or transients, or to persons to who stay, or intend to stay, for thirty (30) days or less. Chapter 35 does not apply to hotels, motels, or bed and breakfasts. Those establishments are regulated under different statutes.

Establishments that had been previously licensed or permitted through the Health Department or Marquette County Board of Adjustment are NOT exempt from Chapter 35.

PACKET CONTENTS

In this packet you will find a list of the general requirements for the operation of a Tourist Rooming House as well as all the necessary forms to obtain a license. Items included in the packet:

- A. Minimum requirements checklist
- B. Tourist Rooming House Application
- C. Resident Agent Application/Declaration
- D. Tri-County Environmental Health Permit Application
- E. Floor Plan worksheet
- F. Example Floor Plan worksheet
- G. Property Site Plan worksheet
- H. Example Property Site plan worksheet
- I. Section 35.04 (D) Certification Statement
- J. Local Municipality Room Tax Compliance Statement
- K. List of other Items to be submitted with application

MINIMUM REQUIREMENTS CHECKLIST

1. One (1) bathroom for every six (6) occupants.
2. Not less than one hundred fifty (150) square feet of floor space for the first occupant thereof and at least an additional one hundred (100) square feet of floor space for every additional occupant thereof; the floor space shall be calculated on the basis of total habitable room area and is determined using interior measurements of each room. For purposes of this Section, floor space does not include kitchens, bathrooms, closets, garages, or rooms not meeting Wisconsin Uniform Dwelling Code requirements for occupancy. The maximum occupancy for any dwelling without a separate enclosed bedroom is two (2) people.
3. Sleeping rooms that meet the requirements set forth in DHS 195.14.
 - A. See Item 15.I below for requirements.
4. Not less than one and one quarter (1¼) onsite off-street parking spaces for every four (4) occupants based upon maximum occupancy. A parking space shall be a minimum of nine (9) feet wide and eighteen (18) feet long and may include area in garages, carports and open areas. Parking spaces may not extend into a setback of ten (10) feet from any lot line.
5. A safe, unobstructed means of egress leading to safe, open space at ground level.
6. Each area and room designated or used for sleeping shall have at least one (1) means of exit to the exterior, by door or egress window. If a room does not meet these qualifications, a sign shall be posted notifying occupants that the room shall not be used for sleeping due to lack of safe egress.
7. Basement areas designated or used for sleeping shall have at least two (2) exits to the exterior, by door or egress window. If a basement does not meet these qualifications, a sign shall be posted notifying occupants that the basement area shall not be used for sleeping due to lack of safe egress.
8. Functional smoke detectors and carbon monoxide detectors in accordance with the requirements of Chapter SPS 362 of the Wisconsin Administrative Code.
9. Shall not have a wood or solid fuel burning stove or fireplace unless the owner provides a certificate from a licensed commercial building inspector, fire inspector, or a verified statement from a reputable stove or fireplace sales/installer entity, dated not more than thirty (30) days prior to submission, certifying that the fireplace and chimney have been inspected and are in compliance with National Fire Prevention Association Fire Code Chapter 211 Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances; OR the applicant demonstrates that appropriate measures have been taken to block access to the woodstove or fireplace by any tourists or transients.
10. Shall not have a hibachi, gas-fired grill, charcoal grill, or other similar devices used for cooking, heating, or any other purpose on any balcony, deck or under any overhanging structure or within ten (10) feet of any structure.
11. Shall have insurance against claims of personal injury and property damage for tourist rooming house rentals.
12. Has obtained a health license from the State of Wisconsin or its designee for operation as a tourist rooming house.
13. Apply for a permit prior to opening for business.
 - A. Contact the Tri-County Environmental Department at 608-297-3135.
 - B. The Tri-County Environmental Department has 30 days to inspect an establishment following receipt of a completed permit application. The establishment must receive approval before opening for business.
 - C. License shall be conspicuously displayed in the establishment.
14. Has received the appropriate zoning designation, if required, under the County or other local zoning chapter.
15. Must pass a Lodging Establishment Health Inspection by the State of Wisconsin's designee before issuance of a license under this Chapter.
16. A visible and accessible fire extinguisher that has passed a fire inspection dated not more than one (1) year before the date of issuance or renewal by the local fire department or equivalent inspector.
17. Has an available Resident Agent as is required under this Chapter.
18. Neither the applicant nor the property that is the subject of the application has outstanding taxes, fees, penalties or forfeitures owed to the County or room tax due and owing to any local governmental entity.

MARQUETTE COUNTY APPLICATION FOR TOURIST ROOMING HOUSE LICENSE PURSUANT TO MUNICIPAL CODE CHAPTER 35

Please submit application and payment to:
Marquette County Zoning
P.O. Box 21
Montello WI 53949
Due By June 30 of (Odd/Even) Years

For the period from July 1, 20__ to June 30, 20__

Payment due with application:

| | |
|-------------------------------------|-----------|
| Original Application Fee: | \$ 200.00 |
| Renewal Application Fee: | \$ 100.00 |
| Public Hearing Fee: | \$ 300.00 |
| Hardship Exception Application Fee: | \$ 500.00 |
| Resident Agent Annual Fee: | \$ 50.00 |
| Late Fee: | 2 x Fee |
| Total Fee Due : | \$ _____ |

Wisconsin Seller's Permit Number: _____ - _____

Municipality Room Tax Permit Number: _____

Tri-County Consortium Tourist Rooming House ID: _____

Date of Lodging Establishment Inspection: _____

Licensee Name on above Permits: _____

Licensee Mailing Address: _____

City: _____ State: _____ Zip: _____

Liability Insurance Company: _____ Expiration Date: _____

Agent/Phone: _____ Policy Number: _____

Name of Property Owner: _____ Property Owner Telephone No.: (____) _____ - _____

Address of Property Owner: _____ City: _____ State: _____ Zip: _____ Email Address: _____ @ _____

Lodging Facility Physical Address: _____ Property Zoning: _____

Municipality: City Village Town of: _____ Parcel ID #: _____ - _____ - _____

RESIDENT AGENT (ON-SITE SUPERVISOR OR CONTACT PERSON)

Agent Name: _____ Telephone No.: (____) _____ - _____ Cell Phone No.: (____) _____ - _____

Address: _____ Email: _____ @ _____

Maximum Occupancy Worksheet

| | |
|--|---|
| A. Number of full bathrooms x 6..... | <input style="width: 100%;" type="text"/> |
| B. Number of "9' x 18' " parking spaces x 4..... | <input style="width: 100%;" type="text"/> |
| C. Total square footage of Bedrooms & Living Rooms (< 150 = 0, 150 – 249 = 1, Add 1 for every 100 over 250.....) | <input style="width: 100%;" type="text"/> |
| TOTAL OCCUPANTS ALLOWED (Lowest of A, B, and C)..... | <input style="width: 100%;" type="text"/> |

The undersigned hereby makes application to operate a Tourist Rooming House in Marquette County. The undersigned agrees that all such activities shall be done in accordance with all the requirements of the Marquette County Code of Ordinances and all applicable laws, codes and regulations of the State of Wisconsin, and states that the above information is true to the best of his or her knowledge. Issuance of this permit is not to be construed as legal responsibility for the operation of a Tourist Rooming House on the part of Marquette County or its staff.

Signature: _____ Print Name: _____ Date: _____

The following must be attached to each application annually or no license will be issued:

- ** License for a tourist rooming house issued under S.S. 254.64 Wis. Stats.
- ** Complete Lodging Establishment Inspection Report
- ** Complete Fire Inspection Report (Dated within one year of application date) – If solid fuel fireplace or stove is present.
- ** Certificate of Insurance from Insurance carries for the License Period
- ** Floor Plan must include dimensions of all rooms & common areas, laundry facilities, restroom facilities
- ** Site Plan must include location, number of units, number of people per unit, and parking dimensions.
- ** Property Management Agreement if not managed by Owner
- ** Agent Information Form
- ** Certification from Municipality showing no room tax is due and owing

Marquette County Zoning
P.O. Box 21
Montello WI 53949

Municipal Code Chapter 35
**APPLICATION OF RESIDENT AGENT FOR
TOURIST ROOMING HOUSES**

Office: 608-297-3036
Fax: 608-297-7606
www.co.marquette.wi.us

For the period from July 1, 20__ to June 30, 20__
PERMIT FEE \$50.00

NOTICE: APPLICANT SHALL IMMEDIATELY NOTIFY THE MARQUETTE COUNTY ZONING OFFICE OF ANY CHANGE IN RESIDENCE OR INFORMATION REGARDING THE RESIDENT AGENT
The Resident Agent is the Contact Person authorized by the Owner of the Rental Property

An owner that meets the qualifications for a Resident Agent is not required to pay a fee or complete this application for a Resident Agent license.

To qualify as a resident agent the person must meet the following requirements:

1. Be an adult person residing in or within twenty-five (25) miles of the location of the tourist rooming house or a corporate entity with offices located within twenty-five (25) miles of the tourist rooming house that is the subject of the application.
2. Be authorized by the Owner to act as the agent for the Owner for: (i) the receipt of service of notice of violation of this Chapter's provisions, (ii) service of process pursuant to this Chapter, and (iii) to allow the County to enter property permitted under this Chapter for purposes of inspection and enforcement.
3. The applicant shall provide proof that he or she is insured for general liability for a commercial rental operation.

Resident Agent Full Name: _____
 Residence Physical Address: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Resident Agent's Age: _____ Date of Birth: _____ Cell Phone No. (____) _____
 Telephone No. (____) _____ Email: _____
 Wisconsin Driver License / ID: _____ Expiration Date _____

* Please Provide Photo Copy of Driver's License/ID with application

The undersigned property owner making application for a resident agent for a premise, known as _____ in the Town of _____, Marquette County, Wisconsin
(Physical Property Address of Rooming House)
 hereby appoints _____ as resident agent, to act for me with full authority and control
(Print resident agent's name or Management Company)
 of the premise and of all business relative to Tourist Rooming House Rentals.

Property Owners Name: _____
(Print Property Owner Name)
 Signature _____ Date _____
(Property Owner Signature)

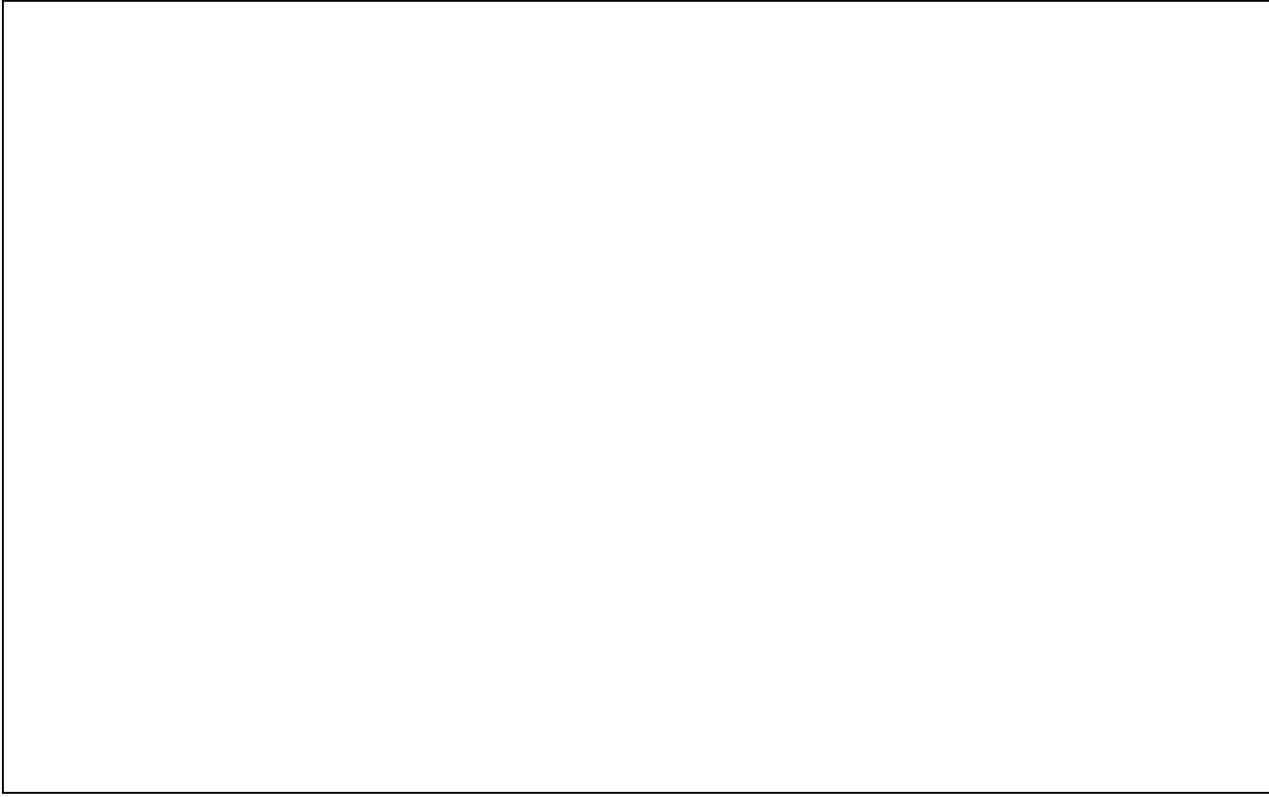
ACCEPTANCE BY RESIDENT AGENT

I, _____, hereby accept this appointment as resident agent for
(Print resident agent's name or Management Company)
 the above rental property and assume full responsibility for the operation of said property and will abide by all of the State of Wisconsin and Marquette County rules and regulations.

Signature _____ Date _____
(Resident Agent Signature)

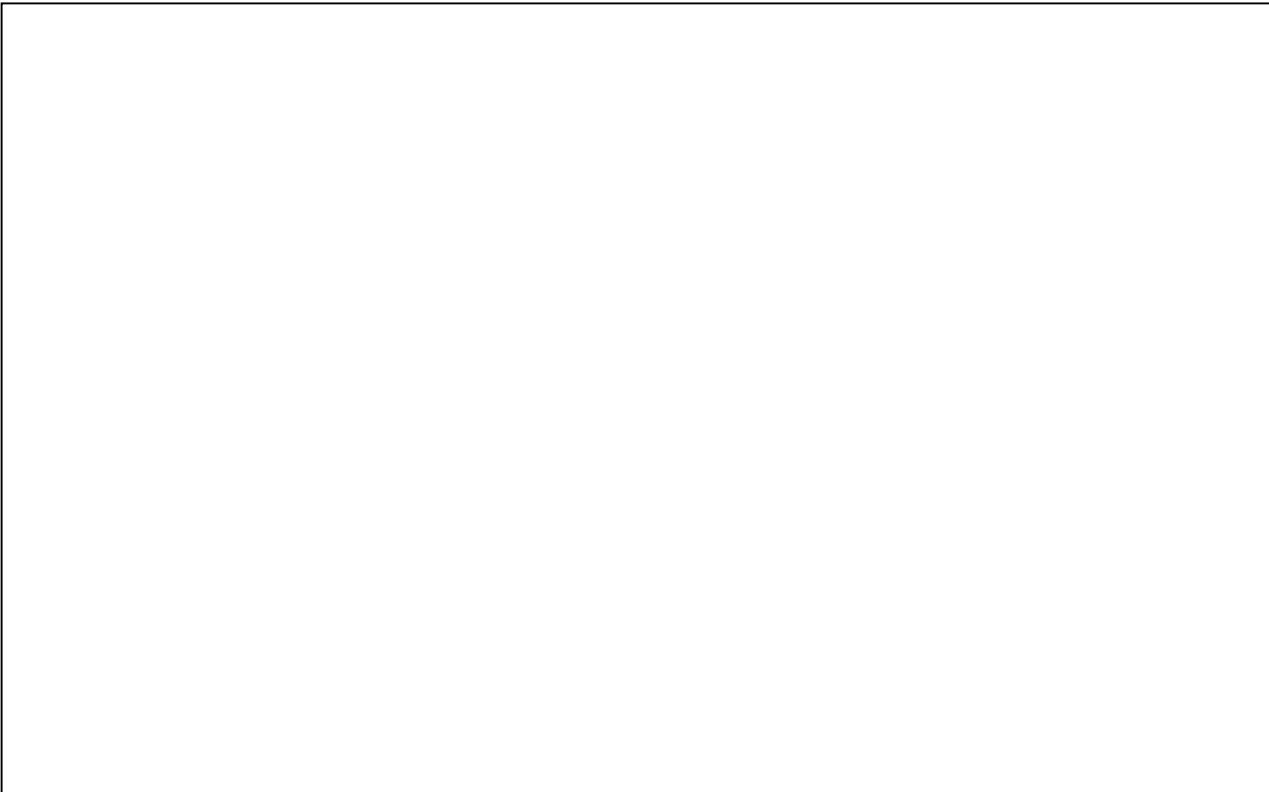
FLOOR PLAN

- 1). Draw the floor plan of the facility to be used as a Tourist Rooming House in the box.
- 2). Label and show dimensions of each room.



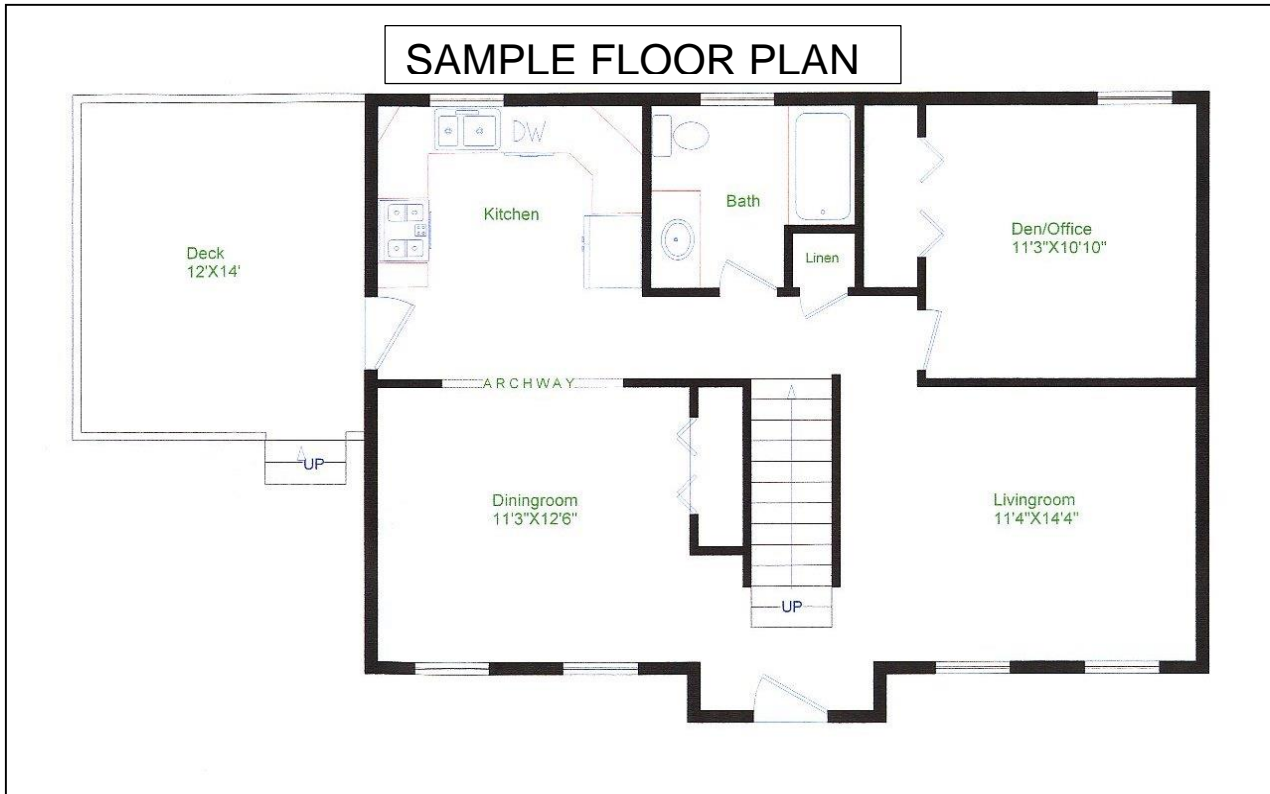
PLOT PLAN (Site as viewed from above)

- 1). Make a drawing of your project.
- 2). Show distances from Centerline of Road(s), All Lotlines, and Ordinary High Water Mark if applicable.
- 3). Show location of the Septic System and well if applicable.



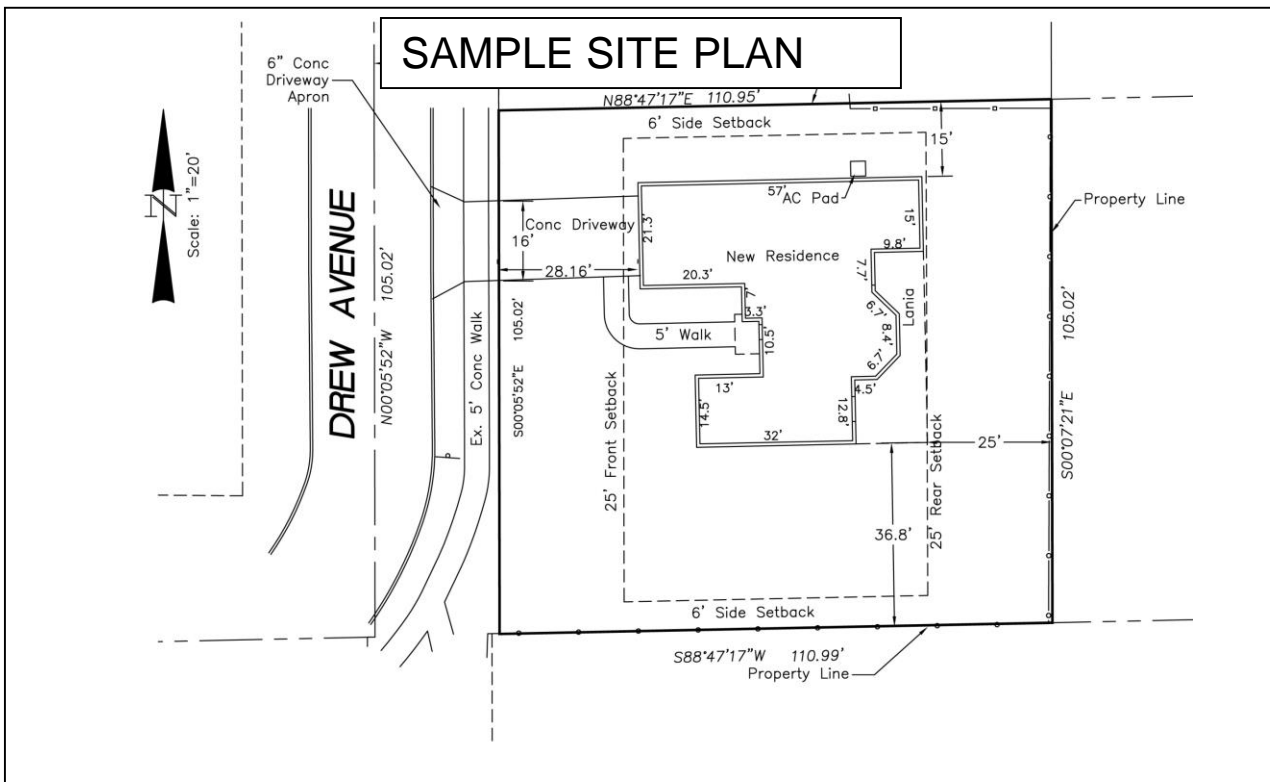
FLOOR PLAN

- 1). Draw the floor plan of the facility to be used as a Tourist Rooming House in the box.
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PLOT PLAN (Site as viewed from above)

- 1). Make a drawing of your project.
- 2). Show distances from Centerline of Road(s), All Lotlines, and Ordinary High Water Mark if applicable.
- 3). Show location of the Septic System and well if applicable.



Certification of Section 35.04 (D) Compliance Statement

Initial each line

- All areas that do comply with the egress requirements for sleeping quarters must be conspicuously identified with a sign stating “This room shall not be used as a sleeping area due to lack of safe egress.”
- If the basement does not have at least two (2) methods of egress to the outside, must be conspicuously identified with a sign stating “This basement shall not be used for a sleeping area due to lack of safe egress.”
- At least one UL approved carbon monoxide detector must be installed. (If a multiunit building, special rules apply.)
- A UL approved smoke detector must be installed outside each bedroom (or bedroom grouping). See Chapter SPS 362.0907 of the Wisconsin Administrative Code for more details.
- No wood or solid fuel burning stove or fireplace will be used or installed unless a certificate of inspection is provided to the Marquette County Zoning Office. See Marquette County Code of Ordinance Chapter 35.04 (D) (9) for further details.
- The property shall not have a hibachi, gas-fired grill, charcoal grill, or other similar devices used for cooking, heating, or any other purpose on any balcony, deck or under any overhanging structure or within ten (10) feet of any structure.
- Personal Injury and Property Damage Insurance will be in force at all times this permit is effective.
- A license from the Tri-County Environmental Health Department has been obtained prior to commencing rental activities.
- A visible and accessible fire extinguisher that has passed a fire inspection dated not more than one (1) year before the date of issuance or renewal by the local fire department or equivalent inspector.
- A resident agent is available at all times while this permit is in effect.
- Neither the applicant nor the property that is the subject of the application has outstanding taxes, fees, penalties or forfeitures owed to the County or room tax due and owing to any local governmental entity.

I, _____, hereby acknowledge the above listed items will be
(Print resident agent's name or Management Company)
complied with during the entire time that the Marquette County Tourist Rooming House Permit, for which I am applying for, is in effect. I further acknowledge that it is my responsibility to notify the Marquette County Zoning Office of any change in status of any condition or terms of said permit as soon as practically possible.

Signature _____ Date _____
(Resident Agent Signature)

Certification of Local Municipality Room Tax Compliance

The Applicant listed below is applying for a Tourist Rooming House Permit as authorized under Marquette County Code of Ordinances Section 35.

Property Owner Name

Property Owner Mailing Address

Property Address subject to this permit

I, _____, being the duly appointed Treasurer for the Town of _____, hereby attest that to the best of my knowledge, the above named owner has no outstanding Tourist Room Taxes due to this Town.

Signature of Local Municipality Treasurer

Date

List of Items to be Submitted with Application

1. All forms in this packet
2. If a fireplace is present on the property:
 - i. Certificate from a licensed commercial building inspector, fire inspector, or a verified statement from a reputable stove or fireplace sales/installer entity, dated not more than thirty (30) days prior to submission, certifying that the fireplace and chimney have been inspected and are in compliance with National Fire Prevention Association Fire Code Chapter 211 Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances
3. Copy of Insurance Declarations Page for the property that is subject to this permit.
4. Copy of current license issued by the Tri-County Environmental Health Department.
5. Copy of the Wisconsin Department of Revenue Sales Tax Number Form.
6. Property Management Agreement (if Applicable)
7. Appropriate Fee