

# **CASTINE RENTAL HOUSING ORDINANCE**



**ENACTED BY THE TOWN IN MEETING ASSEMBLED**

**THE 2d DAY OF JUNE 2018**

**(AND AS THEREAFTER AMENDED)**

ATTEST: THIS IS A TRUE DOCUMENT.

DATED: 2 JUNE 2018

SIGNATURE: \_\_\_\_\_

SUSAN M. MACOMBER  
CASTINE TOWN CLERK

AFFIX SEAL

## CASTINE RENTAL HOUSING ORDINANCE

### ARTICLE I. RENTAL UNIT LISTING

#### Section 1. Purpose.

The purpose of this ordinance is to provide a program for the registration and licensing of short and long-term rental properties located within the Town of Castine ("Town"). This ordinance will provide the town with emergency contact information while also providing property owners, managers and tenants with enforceable standards to safeguard the public health and safety of residents, visitors and tenants of Castine. Further, the intent of these regulations is to ensure that any home-based short- or long-term rental business operates in a manner that respects the neighborhood in which it is operated and safeguards neighborhoods from unreasonable or unsafe intrusions and nuisances inappropriate to a residential setting. The Ordinance creates a licensing program, but the fact that a rental property is registered with the town should not be construed to mean that the town has made a final determination that the property is fit for human habitation, or that it complies with any codes, ordinances, statutes or regulations. Renters are advised to make their own inspections prior to taking occupancy and the responsibility that a property is fit for human habitation, complies with codes, ordinances, statutes and regulations is with the property owner(s). This Ordinance is, however, intended to provide a framework to better regulate rental activity and help property owners who choose to rent their property. Nothing in this Ordinance shall create any cause of action or claim against the Town or its officials or employees.

#### Section 2. Authority

This Ordinance is enacted pursuant to the home rule authority granted to the Town in accordance with the provisions of Title 30-A M.R.S.A. §3001 and §-4364-C. For purposes of zoning and land use, Long-Term Rentals, Commercial Short-Term Rentals, Residential Short-Term Rentals and Seasonal Short-Term Rentals shall be defined and regulated as permitted uses by the Town.

#### Section 3. Administration

The provisions of this ordinance shall be administered and enforced by the Code Enforcement Officer, or their designee, herein referred to as the CEO.

### ARTICLE II. DEFINITIONS

Any undefined term shall have the meaning ascribed thereto in the Town's Zoning Ordinance. If a term is not defined in this article or the Zoning Ordinance, it shall have its customary dictionary meaning.

**Advertise:** Any form of communication for marketing that is used to encourage, persuade, or manipulate viewers, readers or listeners into contracting for the use of a short- or long-term rental. Advertisements may be viewed through various media including, but not limited to, newspapers, magazines, flyers, television commercials, radio, signage, direct mailers, websites, online platforms, and text messages.

**Dwelling:** Shall mean a room or group of rooms designed and equipped exclusively for use as permanent, seasonal, or temporary living quarters and containing cooking, sleeping and toilet facilities physically separated from any other rooms or dwelling units which may be in the same building.

**Guest:** The individual(s) occupying a short-term rental for the purpose of staying overnight for a fee.

**Hosted Short-Term Rental:** A short-term rental located on a property where the owner claims primary residency. The owner may or may not be in residence during the tenancy of the short-term rental by guests.

**Habitable Room:** Shall mean any room used for sleeping, living, cooking or dining purposes, but excluding closets, pantries, bath or toilet rooms, hallways, laundries, storage spaces, utility rooms and similar spaces.

**Local Contact:** An individual or agency designated by the Owner to be contacted, either by the Owner, Tenant or Guest, in the event of an emergency or issue of serious concern raised by a Town Official, Tenant, Guest or member of the public. The local contact must be capable of responding either in person, or by designee, within thirty (30) minutes by telephone and maintains the ability to be onsite, either in person, or by designee, within twenty-four (24) hours. The Local Contact must maintain access and possess the authority to assume management of the rental. An agent, professional property management company or caretaker that meets the availability requirements can serve as the local contact person.

**Long Term Rental:** The use, control, management or operation of an existing dwelling unit, in whole or in part, for dwelling, sleeping, or lodging purposes for greater than twenty-eight consecutive days for compensation, directly or indirectly. Motels, hotels, inns, and bed and breakfast establishments are excluded from this Ordinance, pursuant to Title 22 M.R.S.A. § 2491 – 2501 and Maine DHHS Chapter 206, Rules Relating to Lodging Establishments.

**LOT:** A parcel of land undivided by any street or public road and occupied by, or designated to be developed for, one (1) building or principal use and the accessory buildings or uses incidental to such building, use, or development, including such open spaces and yards as are designed, and arranged or required by this Ordinance for such building, use, or development.

**Non-Standard Dwelling Unit:** A short-term rental, other than a Dwelling, Dwelling Unit or Rooming Unit, including but not limited to bunkhouses and campsites.

**Operator:** any and all of the following:

- a. The person(s) who are the legal owners of a short-term rental.
- b. A person(s) who have the legal right to possession (owner) of a short-term rental.
- c. A person who has a legal right to receive or collect monies as rent for the occupancy of a short-term rental (Operator).
- d. A manager, agent, representative acting under the authority or direction of the owner of a short-term rental.

**Owner:** Shall mean any person, agent, firm, corporation or other legal entity having a legal or equitable interest in a rental unit or rental property, including but not limited to a mortgagee in possession, the beneficiary of a trust, or the holder of a life estate.

**Permit:** Written authorization issued by the Town permitting the use of a Dwelling, Dwelling Unit or Rental Property as either a short- or long-term rental.

**Primary Residence:** The dwelling a person registers as their address for tax and government identification purposes, and where the same person resides for a minimum of six consecutive months plus one day.

**Rental Property:** Shall mean any property (including associated land, buildings, accessory structures, accessory dwelling units, common areas, parking areas, and other appurtenances) used or occupied as, or containing, any rental unit(s).

**Rental Unit:** Means a dwelling unit, rooming unit, or habitable room that is occupied for residential purposes in exchange for consideration.

**Rooming Unit:** Shall mean any room or group of rooms forming a single habitable unit used or intended to be used for living and sleeping, but not for cooking or eating purposes.

**Short Term Rental:** The use, control, management or operation of an existing dwelling unit, in whole or in part, for dwelling, sleeping, or lodging purposes for fewer than twenty-eight consecutive days and compensation, directly or indirectly. Motels, hotels, inns, and bed and breakfast establishments are excluded from this Ordinance, pursuant to Title 22 M.R.S.A. § 2491 – 2501 and Maine DHHS Chapter 206, Rules Relating to Lodging Establishments.

**Town Official:** Shall mean Town Manager, Code Enforcement Officer or his/her designee.

**Transient Occupant:** Any person, or a guest or invitee of such a person, who, in exchange for compensation, occupies or is in actual apparent control or possession of a Dwelling, Dwelling Unit, Rooming Unit or Non-Standard Dwelling Unit.

**Transient Occupancy:** An occupancy that is less than two weeks in duration in the same or similar units owned by the same owner.

### **ARTICLE III. APPLICABILITY**

This article applies to all rental units or rental property located within the Town of Castine, but shall not apply to the following housing arrangements unless the arrangements were created to avoid the application of this article:

- A. Transient occupancy in a hotel, motel, inn, or other similar lodging facility.
- B. Group homes, community living arrangements, or foster homes.
- C. Hospital, nursing home, congregate care facility, assisted living facility, extended medical care facility, or other similar facility.
- D. On-campus residential facility which is owned, operated or managed by Maine Maritime Academy.

### **ARTICLE IV. LICENSE APPLICATION AND PROCEDURE**

- A. No person, corporation, partnership, association, unincorporated association, limited liability company, trust or other entity shall operate a long or short-term rental without first obtaining a license from the CEO or their designee.
- B. No later than July 1<sup>st</sup> of each calendar year, all rental units (short-term and long-term) or rental property shall apply for a rental housing permit with the Town of Castine. All registrations shall be filed annually and must be approved by the Town, prior to the rental of a dwelling or property.

- C. Application forms, along with applicable fees, shall be filed with the application form (Addendum one of this Ordinance) and must be paid annually. Application forms and associated required documentation shall include, but may not be limited to, the following information.
- D. Town of Castine Rental Registration Form (Addendum 1 to this Ordinance) containing the following information:
  - 1. Name and mailing address of the property owner.
  - 2. Physical address and Map and Lot number of the property to be rented.
    - 1. If there is more than one rental dwelling on a single lot, each rental dwelling must be listed separately.
  - 3. Identification of the dwelling that is to be rented.
    - 2. Each separate rental dwelling must be identified.
  - 4. Number of tenants per dwelling unit to be rented
  - 5. Number of parking spaces available on the rental property lot
  - 6. Property Manager Information if required
  - 7. Emergency Contact information
  - 8. Certification that the property owner is familiar with Castine Zoning Ordinance performance standards found in Article 6, Section 6.21 (Noise) and Section 6.22 (Parking)
  - 9. Certification that the property owner is familiar with the Castine Tenant Information Packet which is addendum two (2) of this Ordinance.
  - 10. Certification that direct abutters of the property to be rented have been notified of the intent to rent a property or dwelling
- E. Incomplete rental housing registration forms will not be accepted, and no rental permit will be issued based on an incomplete registration form.
- F. Basic Safety Guidelines for Housing shall be included on the Annual Rental Registration Form to provide safety information to owners and managers.
- G. The property owner is responsible for any violations of this Ordinance. The designation of a local agent does not relieve the owner of the responsibility for compliance with this Ordinance.
- H. The owner shall register the rental unit or property in a timely manner. If a rental unit or rental property is not registered by the deadline established in this Article, the unit or property shall not be rented either on a short-term or long-term basis.
- I. An acceptable Informational packet must be provided and readily accessible to tenants within each rental unit or property, both short-term and long-term. At a minimum, this packet must include:
  - 1. Fire escape routes and emergency exits.
  - 2. 24-hour emergency contact.
  - 3. Refuse removal procedure.
  - 4. Noise violation standards.
  - 5. Tenant Rights Information Packet

- J. Before the CEO, or designee, can issue a rental permit, the applicant must demonstrate that abutting property owners have been provided the contact information of the owner, property manager or operator of the rental property.
- K. It is the intent of the Town of Castine to inspect 25% of all rental properties licensed in Castine on an annual basis. Applying for a license to rent implies owner consent to inspections, to be conducted at reasonable times and with the concurrence of the property owner. Failure to comply with an inspection request may invalidate a rental license.
- L. **Transition provision.**  
For calendar year 2025, the initial registration and permit issuance for any rental unit or rental property existing prior to June 08, 2025, shall be made by not later than September 01, 2025. Following this one-year transition period, the deadline to apply for a permit to operate rental housing in Castine will revert to July 1<sup>st</sup> of each calendar year.

## **ARTICLE V. FEES**

### **Section 1. General Provisions**

- A. Applications for a rental housing permit which is not accompanied by payment of the required fee shall be considered incomplete and no action will be taken on said application until a payment for the required amount has been received by local officials.
- B. All fees shall be paid in the form of a check made payable to the Town of Castine or by credit card. For check payments, the purpose of the fee shall be clearly indicated on the check. Any check returned by a bank for non-payment or denied credit card payment processing will immediately void the application and any resultant permit.
- C. There will be a market rate credit card processing fee for payments made with a credit card.

### **Section 2. Rental Housing License Fees**

- A. Fees will be assessed for rental activity on a per-lot basis. As an example if a single-family residence and accessory dwelling unit located on a single lot are both rented as long-term rentals, the fee for the lot will be \$100.00 as shown below.
- B. The annual fee for a long-term rental license is one hundred dollars (\$100.00).
- C. The annual fee for a short-term rental license is two hundred dollars (\$200.00).
- D. The annual fee for a property licensed as both a short and long-term rental is three hundred dollars (\$300.00).

## **ARTICLE VI. GENERAL PROVISIONS**

### **Section 1. Penalties.**

- (a) Any person who is found to be in violation of any provision or requirement of this Ordinance shall be subject to a civil penalty as set forth in 30-A M.R.S.A. § 4452 (<http://legislature.maine.gov/legis/statutes/30A/title30-Asec4452.html>). Each violation of a separate provision or requirement shall constitute separate offenses and penalties may be assessed on a per-day basis. In addition, if the Town is the prevailing party in an enforcement action, said person shall also be liable for all reasonable expenses incurred by the Town in the enforcement of this Ordinance, including but not limited to staff time involved in the investigation and prosecution of the violation(s), attorney's fees, expert witness fees, and costs. All civil penalties shall inure to the benefit of the Town of Castine.

### **Section 2. Severability.**

- (a) If any provision of this Ordinance is held to be unconstitutional or otherwise invalid by any court of competent jurisdiction, the remaining provisions of the Ordinance shall not be invalidated.



**Town of Castine**  
**Annual Rental License Application Form**  
Castine Rental Housing Ordinance

|                                                                                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>1. Property Address</b>                                                                                                                                                                                                             |                   | <b>Rental Type</b><br>(Check all that apply)                                                                                                                                                                                                                                                                                                                                                                            |                                       |
| Tax Map _____ Lot # _____                                                                                                                                                                                                              |                   | <input type="checkbox"/> Single Family Residence<br><input type="checkbox"/> Two-Family<br><input type="checkbox"/> Multi-family<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Accessory Dwelling Unit<br><input type="checkbox"/> Single Room(s)<br><input type="checkbox"/> Long-Term Rental<br><input type="checkbox"/> Short-Term Rental<br><input type="checkbox"/> Short & Long-Term Rental |                                       |
| Street # _____ Street Name _____                                                                                                                                                                                                       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| <b>***Rental Registration Information (ownership, manager or emergency contact, property, and tenant information) must be updated every year.</b>                                                                                      |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Total number of dwelling units at this location _____<br>Total number of tenants at this location _____<br>Total number of on-site parking spaces _____                                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Fee: _____ Date Paid _____                                                                                                                                                                                                             |                   | Zoning District _____                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
| <b>2. Owner Information</b> (If owner is a corporation or similar entity, provide name of key contact person)                                                                                                                          |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Last Name _____                                                                                                                                                                                                                        |                   | First Name _____                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
| Business Name _____                                                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Mailing Address                                                                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Street # _____                                                                                                                                                                                                                         | Street Name _____ | PO Box _____                                                                                                                                                                                                                                                                                                                                                                                                            | City _____ State _____ Zip Code _____ |
| Telephone # _____                                                                                                                                                                                                                      |                   | 2nd Telephone # _____ E-Mail Address _____                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| <b>3. Property Manager Information</b> (If same as above, check here: _____)                                                                                                                                                           |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Last Name _____                                                                                                                                                                                                                        |                   | First Name _____                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
| Business Name _____                                                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Mailing Address                                                                                                                                                                                                                        |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Street # _____                                                                                                                                                                                                                         | Street Name _____ | PO Box _____                                                                                                                                                                                                                                                                                                                                                                                                            | City _____ State _____ Zip Code _____ |
| Telephone # _____                                                                                                                                                                                                                      |                   | 2nd Telephone # _____ E-Mail Address _____                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| <b>4. Emergency Contact Information</b>                                                                                                                                                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Is there an emergency contact other than the names listed above? Yes _____ No _____                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Last Name _____                                                                                                                                                                                                                        |                   | First Name _____                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
| Telephone # _____                                                                                                                                                                                                                      |                   | 2nd Telephone # _____ E-Mail Address _____                                                                                                                                                                                                                                                                                                                                                                              |                                       |
| <b>5. Certification</b>                                                                                                                                                                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| I certify that the information provided above is true and complete. Further, I acknowledge that designating a local agent does not relieve the owner from responsibility of complying with this and other state and local regulations. |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Authorized Signature: _____ Date: _____                                                                                                                                                                                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
| Printed Name: _____                                                                                                                                                                                                                    |                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |



**Thank You.**

Please submit the completed **Annual Rental License Application Form** by July 1 to: Town of Castine, 67 Court Street, PO Box 204, Castine ME 04421.

**BASIC SAFETY GUIDELINES FOR HOUSING**

**APARTMENTS** (Multi-family Dwelling Unit)

- Each apartment shall be labeled (i.e., Apartment 1, Apartment A, etc.).

**BUILDING ADDRESS**

- All buildings must have black street numbers on a white reflective background, placed in a location that is visible from the street in all weather conditions.

**DETECTORS, SMOKE & CO** (ref. Maine State Fire Marshall Detector Requirements dated 05/10/2018)

- Electric powered (with battery back-up) smoke detectors shall be located inside each bedroom, as well as 15-ft outside the bedroom, and on each level if applicable. Detectors are recommended near fuel burning heating systems. Smoke detectors should be replaced every 10 years.
- At least one electric powered (with battery back-up) carbon monoxide (CO) detector shall be located inside the apartment within 15-ft of the bedroom,
- Talking detectors or detectors with a flashing light shall be used in apartments occupied by an individual with a disability.

**DETECTORS, FUEL GAS**

- Beginning January 1, 2022, an approved fuel gas detector shall be installed in every room containing an appliance fueled by propane, natural gas or LP gas in each unit of a multi-family occupancy or residential rental unit. See Title 25 MRSA, Section 2469 for complete details.

**ELECTRICAL**

- Extension cords and not allowed, except for temporary use (i.e., cleaning, construction, etc.).
- Electrical panels shall be covered and easily accessed. All circuit breakers shall be properly sized and clearly labeled. Screw-in fuses should not be used.
- Electrical switch and receptacle boxes must have cover plates.

**EXITS**

- In most cases, two well-lit exits are required from each building, typically stairs and hallways. These exits shall not be blocked or obstructed by anything including snow or personal belongings. Exit doors shall not be blocked, padlocked, or nailed shut.
- All fire escapes shall be in good condition with clear access.
- Bedroom windows shall be large enough for egress.

**FIRE EXTINGUISHERS**

- One fire extinguisher shall be provided on each level, located in plain sight, and inspected annually.

**HEATING EQUIPMENT**

- The apartment's heating equipment (including oil tanks) shall be in good working order with no fuel leaks, be properly vented, and, in the case of a furnace/boiler, have an emergency shut-off switch.

**STORAGE/TRASH**

- Stairs and hallways shall be clear of any trash or personal belongings such as bicycles, furniture, or appliances.
- Combustible and flammable liquids and gases are not allowed inside the building unless they are stored in UL labeled containers and lockers.
- There should be a designated area outside the apartment for accumulated trash.

