

OPERATIONAL STATEMENT QUESTIONNAIRE

The information gathered from the questionnaire will allow the planning authority to enable a decision as to whether the operation of a short-term let would represent a material change of use (or not) all applications will be considered on a case-by-case basis. Therefore, please ensure **all** questions are answered in full, failure to answer questions in full or provide relevant evidence may delay the outcome of your application.

All Planning Permission enquiries **must** be made direct to the Planning Authority through telephone 0300 123 0900 or email planning.development@south-ayrshire.gov.uk.

Additional information regarding planning permission can be found via <https://www.south-ayrshire.gov.uk/planning/>

Once completed, please return your questionnaire to shorttermlets@south-ayrshire.gov.uk

Section 1: Applicant Details

Please answer the following in full

<p>Please select if you're an applicant applying as an individual, or as part of a registered company.</p>	<p>Individual (✓):</p>	<input type="checkbox"/>
	<p>Company (✓):</p>	<input checked="" type="checkbox"/>
<p>Full Name or Registered Company name: <small>(If you're applying as part of a company, please provide the registered company number also)</small></p>	<p>CASA McMILLAN LTD SC667712.</p>	
<p>Short-Term Let Address:</p>	<p>7B INVELKAR ROAD AYR KA7 2JS</p>	
<p>Short Term Let Reference Number: <small>(You shall find this on receipt of your application being received.)</small></p>		
<p>Online Application Number: <small>(16-digit code 0000-0000-0000-0000)</small> <small>Alternatively, if you have completed a hard copy of the application form please state.</small></p>		
<p>Planning Application Reference Number: <small>(Please provide if you have a planning permission application submitted, or a retrospective application, this will help identify your application quicker.)</small></p>		
<p>Contact Number:</p>		
<p>Email Address:</p>		

Home Address: (If you're applying as an individual)	
---	--

Please select from the following what application type you have applied for on your short-term let licencing application (✓):

Home sharing		Home letting	
Home sharing & letting		Secondary letting	✓

Are you an existing operator or new operator? (✓):

Existing Operator (Please select only if you have been operational prior to October 1 st , 2022)	
New Operator (Please select if you have NOT been operational after 1 st October 2022)	✓
Please state how long the short-term let has been operational from (e.g., 5 years)	

Section 2: Property Information

How the Property is to be Let and its use:

Please select from the following Yes or No:	<u>YES</u>	<u>NO</u>
1. Are you the sole owner of the property?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Do you live in the property as your permanent private residence during and/or between each Short-term Let period?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Are you personally liable for the Council Tax and all other utility bills?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Does the leasing of this property for Short-term Let purposes form part of a wider business?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Please confirm the maximum occupancy level you have stated on your Short-term Let application	4 PERSONS.	
6. Can you please state below the operative season(s) of which the Short-term Let shall be in use and all its associated limits.		
a. Please confirm the months the Short-term Let is operative: (e.g., January to December, or June to December etc)	JANUARY - DECEMBER.	

b. Please confirm the <u>minimum</u> booking number of days per stay	3
c. Please confirm the <u>maximum</u> booking number of days per stay	180
d. Please confirm the maximum number of days the Short-term Let is let annually (e.g., 365 days for the full year)	365.

Section 3: The Configuration of the Property and Facilities:

Shared Areas:

7. Please confirm if the Short-term Let meets any of the following options, if any of the following criteria is ticked, you must specify the number of neighbouring properties sharing each common area or facility.

	(√):	Please specify number below:
a. Common entrance and/ or close	<input checked="" type="checkbox"/>	1
b. Shared landing	<input type="checkbox"/>	
c. Lift	<input type="checkbox"/>	
d. Bin store	<input type="checkbox"/>	
e. Shared communal garden or drying green	<input type="checkbox"/>	
f. Shared unallocated private parking	<input type="checkbox"/>	
g. If any other, please note here:	<input type="checkbox"/>	

Short-term Let Premises:

8. Can you please confirm the number of bedrooms the property has?

2

9. Can you please detail any external areas or features the property has? E.g., balconies or conservatories.

GROUND FLOOR PROPERTY WITH PRIVATE BACK GARDEN.

10. Can you please confirm both the status and quantity of available parking e.g., designated spaces or if it is on a public street.

SPACE IN DRIVEWAY FOR 1 CAR PER PARTY
OR STREET PARKING AVAILABLE.

Short-term Let Property Management:

11. Does the property have an efficient ingress/egress system? If so, please detail how it's provided and maintained.

GROUND FLOOR NEWS 2 BED PROPERTY
I SHALED FRONT ENTRANCE (WITH 1 OTHER FLAT)
& 2 SEPERATE PRIVATE/OWN DOOR ENTRY/EXIT.

12. Please confirm details of how the handover/change over arrangements of when guests check in and out, please provide timings, and whether you meet guests in person.

I WILL PERSONALLY MEET THE GUEST WHENEVER
POSSIBLE.
I WILL ALSO HAVE A KEY SAFE WHEN I AM NOT AVAILABLE

13. Please provide detail of all servicing arrangements, e.g., cleaning, laundry, deliveries, and any other drop-off or pick up services.

CLEANING ON CHECK OUT BY 1 OR 2 PEOPLE
IN 1 CAR.

14. Please can you detail how you will document and handle any guest or neighbouring complaints you receive, and how these issues will be reported and resolved.

I WILL DEAL WITH ANY COMPLAINTS PERSONALLY,
IF THE GUEST IS IN THE WRONG THEY WILL BE GIVEN
A WARNING. IF THEY CONTINUE I WILL ASK THEM
TO LEAVE. THIS WILL BE DOCUMENTED ON MY SYSTEM &

15. Please confirm if you have consulted South Ayrshire Council's waste management service for any waste collection services, if you have not, please detail the current waste system you have in

REPORTED TO THE CORRECT AUTHORITY IF REQUIRED.

place (e.g., if you are not on non-domestic rates or have private waste services), and instructions guests have regarding what to do with waste.

NOT DISCUSSED AS YET.

I WILL DISPOSE OF THE WASTE MYSELF.

GUEST WILL BE ASK TO PUT IN THE PRIVATE GARDEN.

16. Please document all measures you take to prevent nuisance to neighbours. This may include 'house rules or any instruction upon agreement of booking the Short-term Let property, and any other measures taken to control noise and activity etc.

I DO NOT ACCEPT BOOKING OF LESS THAN 3 NIGHTS.
WE HAVE A BOOK/INFO PAGE HOUSE RULES.
QUIET HOURS ARE FROM 10PM - 8AM.

Review:

Confirm:

Please confirm that you have read all the following and have provided answers to the best of your knowledge and ability. When confirming, you're aware that if any answers are left blank or not answered in full, it may impede the outcome of the Planning Authority's decision making on your application.

