



Chatham County ~ Department of Building Safety & Regulatory Services
Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161
Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406
Office: 912-201-4300 | Fax 912-201-4301 | <https://buildingsafety.chathamcountygga.gov/>

SHORT TERM RENTAL CERTIFICATE RENEWAL

This form is for the **RENEWAL ONLY** of existing active Short Term Rental Certificates.

Short Term Rental certificates are renewable annually between May 1st and June 30th.
Renewal Fee: \$350.00. Renewals submitted after June 30th will include a late fee of \$175.00

Requests for STR Certificate Renewal shall include the following:

- ☐ A copy of current STR Application: Complete in its entirety
- ☐ Completed Life Safety Compliance Verification Form
- ☐ Completed Regulation Form **(keep a copy of completed form & place in STR unit)*
- ☐ Proof of current homeowner's insurance indicating the property is used as a short-term rental (must list the owner's name, address of rental unit, and policy dates.)
- ☐ A copy of current Ad Valorem (*property*) tax receipt from Chatham County Tax Commissioner
- ☐ Proof of trash pick-up service (current invoice)
- ☐ Proof of fire service (current invoice)
- ☐ Proof of advertisement with a marketplace innkeeper for collection of Hotel Motel Tax

Application will not be accepted without all the above documents. The entire application package and complete instructions can be found on the county web site <https://buildingsafety.chathamcountygga.gov/>

The annual fee shall be paid at the time application is made for the renewal.

(Print Name) I, _____ hereby attest under penalty of license revocation that the information provided in the Short-Term Rental application is accurate, complete, and current. I also recognize that Declarations of Covenants or other agreements between myself and a Homeowners Association are not overridden or changed by the granting of a renewal of this certificate.

Owner on Record of Short-Term Rental Unit:

Full Legal Name* _____
Address _____ City _____ State _____ Zip Code _____
Phone Number _____ Email Address: _____
Mailing Address (*if different*) _____
City _____ State _____ Zip Code _____

It is the property owner, agent and/or corporations' responsibility to ensure certificate renewal.

Short Term Rental Address: _____ **License #** _____

PROPERTY OWNER'S AGREEMENT: BY signing this AGREEMENT, the Property Owner agrees to use his or her best efforts to assure that the short-term rental use of the dwelling unit will not disrupt the residential character of the neighborhood and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their residences. Furthermore, the Property Owner acknowledges that they have read the Chatham County Short Term Rental Ordinance Article XIII.

OWNER'S AFFIDAVIT: I HEREBY DECLARE that all information provided in this application is true and correct and, further, understand that providing false or misleading information on this application may result in being denied, or the loss thereof, of any license or permit issued by the Department of Building Safety and Regulatory Services was based upon information provided in this application.

Signature of Owner or Agent

Print Name of Owner or Agent* Title

Sworn to and subscribed before me this
_____ day of _____, 20_____.

SEAL

Notary Public Signature

My Commission expires: _____

The written application for a Short-Term Rental certificate on file with the Chatham County Department of Building Safety & Regulatory Services shall be a permanent record which the certificate holder must always maintain current with correct information. The failure to maintain a current application shall be grounds for revocation of a rental certificate.

*******Official Use Only*******

Fire Prevention: This proposed business & location ☐ Does ☐ **Does NOT** meet the local STR Ordinance

Fire Inspector: _____ **Date:** _____ **Occupancy Load** _____

Tax Commissioner: §16-1304 Qualifications/Requirements of Property Owners to Receive a License.

☐ **Yes** ☐ **No** All ad-valorem taxes that are due at the time of the application are paid in full.

☐ **Yes** ☐ **No** All applicants have an ownership interest.

☐ **Yes** ☐ **No** Is the property being used for homestead exemption or Stephen's Day exemption?

Exceptions: _____

Tax Commissioner Representative: _____ **Date:** _____

Police Approval:

Any previous complaints from CCPD: ☐ **Yes** ☐ **No** Criminal Background Record: ☐ **Yes** ☐ **NO**

If so, explain: _____

This business and/or applicant: ☐ **Is** ☐ **Is NOT** approved by CCPD.

Police Department: _____ **Date:** _____



Chatham County ~ Department of Building Safety & Regulatory Services
Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161
Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406
Office: 912-201-4300 | Fax 912-201-4301 | <https://buildingsafety.chathamcountyga.gov/>

Short Term Rental Life Safety Compliance Verification

- ☐ Portable Fire Extinguisher (10-ABC)
- ☐ Proof of Garbage/trash Removal Service
- ☐ Swimming Pool that meets state enclosure requirements
(Provide a diagram & location of where the pool is located on property)
- ☐ Hot tub that meets state enclosure requirements
(Provide a diagram & location of where the hot tub is located on property)

I, the undersigned owner, representative and/or agent agree to provide and sustain the above services for the duration of the Short-Term Rental license. Failure to sustain the indicated services constitutes a violation of the Chatham County Short Rental Ordinance and represents grounds for suspension or revocation of license.

Executed on _____, 20____ in _____ (City), _____ (State)

Signature of Applicant

Date

Printed Name of Applicant



Chatham County ~ Department of Building Safety & Regulatory Services
Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161
Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406
Office: 912-201-4300 | Fax 912-201-4301 | <https://buildingsafety.chathamcountyga.gov/>

Short Term Rental Regulation Sign

Tax Year: _____

A. **Parking Rules:** (provide a written description of parking guidelines and diagram of parking):

B. **Occupancy Rate:** No more than two (2) adults per bedroom, plus two (2) additional adults.
Recreation vehicle or tent shall be as listed by manufacturer. **Occupancy Load:** _____

C. **Noise Restriction:** Shall comply with the Chatham County Noise Ordinance. (Article III, Chapter 24 – Noise Control).

D. **Emergency Contact:** (MUST BE LOCAL & AVAILABLE 24HRS)

Name: _____ Phone: _____

Email Address: _____ Cell/other: _____

MUST BE POSTED ONSITE

&

RENEWED BY JUNE 30TH



Chatham County ~ Department of Building Safety & Regulatory Services
Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161
Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406
Office: 912-201-4300 | Fax 912-201-4301 | <https://buildingsafety.chathamcountyga.gov/>

Short Term Rental Homeowners Association Affidavit

On this _____ day of _____, 20_____, first being duly sworn, I,

_____, agree with this statement of facts, relating to the

Short Term

(Property Owner's Name)

Rental located at: _____ City: _____ ST: _____ Zip: _____

The above Short-Term Rental will be conducted according to **Chatham County Short Term Rental Ordinance, Article XIII, Section 16-1304, Qualifications / Requirements of Property Owners to Receive a License**. Which states, each property or rental unit subject to this ordinance shall qualify for a license when all of the conditions in the Short-Term Ordinance have been met, including the flowing:

1. I attest that the Homeowners Association has approved the above-listed dwelling unit to be used as a short-term rental.
2. I hereby certify that the information supplied in this form is true and complete, and hereby authorize Chatham County Department of Building Safety and Regulatory Services and all other authorized county officials to make all necessary inquiries to verify its accuracy.
3. Any fraud, misrepresentations, false statements, or other attestations that are untrue shall be grounds for immediate revocation of the short-term rental license.

☐ I attest that I am not require any approval from my Homeowners Association for the proposed dwelling in question to operate as a short-term rental.

Signature of Applying Applicant

Sworn to and subscribed before me this

_____ day of _____, 20_____.

SEAL

Notary Public Signature

My Commission expires: _____



Chatham County ~ Department of Building Safety & Regulatory Services
Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161
Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406
Office: 912-201-4300 | Fax 912-201-4301 | <https://buildingsafety.chathamcountyga.gov/>

**LETTER OF AGENCY FOR
SHORT TERM VACATION RENTALS**

I/We, the undersigned owner(s) of real property located in unincorporated Chatham County, Georgia,
hereby appoint _____ to be my/our
Agent for the purpose of applying for a Short Term Vacation Rental Certificate for the **following**
address: _____

Attached hereto is proof of current ownership of the property to which this Letter of Agency applies. The above-named Agent hereby is authorized to complete and sign the application for a Short-Term Rental Certificate on our behalf. We understand that this Letter of Agency will be attached to and made part of the application and will be relied upon by Chatham County. For and in consideration of Chatham County accepting this Letter of Agency, we hereby indemnify and hold harmless Chatham County and its agents and/or employees in the event that the above-named agent should misuse this Letter of Agency and we suffer damages as a result.

☐ **N/A**

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____ (City), _____ (State)

Signature of Property Owner

Printed Name of Property Owner

Sworn to and subscribed before me this

_____ day of _____, 20____.

SEAL

Notary Public Signature

My Commission expires: _____



Chatham County ~ Department of Building Safety & Regulatory Services
Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161
Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406
Office: 912-201-4300 | Fax 912-201-4301 | <https://buildingsafety.chathamcountyga.gov/>

Change of Information Form

License Number:		Date:			
STR Address				Business Telephone	
Phone:		Email:			
New Mailing Address					
Mailing Address:		Suite/Unit	City	State	Zip Code

New Contact Information					
Contact Person: *Must be local & available 24hrs		Name of Business:			
Contact Person Address:		Suite/Unit	City	State	Zip Code
Email Address:		Telephone Number:		Cell / Other:	

By signing below, I hereby authorize representatives of Chatham County Occupational Tax Division to update the above information to my Short-Term Rental file. And I certify that I am the person ****Include a copy of current issued State Identification/Driver's License.***

Signature of Property Owner

Printed Name of Property Owner