



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/>

## Requirements for Renewal of Short-Term Rental License

**Short Term Rental Certificates are valid for one year and can be renewed between May 1 and June 30. The renewal fee is \$350, and late renewals will be subject to a \$175 late fee.**

**Requirements for Short Term Rentals:**

- STR Application: Complete in its entirety
- Completed Life Safety Compliance Verification Form
- Completed Regulation Form
- Completed HOA Affidavit
- Copy of Driver’s License / State ID/ Passport **(all applicants, agents/representative)**
- Proof of 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

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 that Declarations of Covenants or agreements between myself and a Homeowners Association are not overridden or changed by the granting of this renewal.

**Owner on Record of Short-Term Rental Unit:**

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

**It is the responsibility of the property owner, agent, or corporation to ensure the timely renewal of Short-Term Rental certificate.**

**Short Term Rental Address:** \_\_\_\_\_ **License #** \_\_\_\_\_

**NOTICE:**

Your obligations to your covenants and/or your homeowners association covenants are not to be overridden or changed by the granting of a STR certificate. Incomplete or inaccurate applications will not be accepted and may result in delays or denial of license.



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/>

**Owner agrees** to assure that use of the premises by Short Term Rental occupants will not disrupt the neighborhood and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their properties.

**Applicant agrees** that the rental certificate applied for by him/her shall not, when granted, become a civil contract between the applicant and the governing authority of the County, but shall operate purely as a rental certificate to the applicant, and said rental certificate may be revoked by Chatham County at any time.

**Applicant hereby acknowledges** his/her duty to collect a hotel/motel tax and remit same to the Chatham County Finance Department monthly on or before the 20th day of the month following the month of collection unless you are renting only through an online platform (VRBO, Airbnb, etc.).

**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.

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.

---

Signature of Owner or Agent

---

Print Name of Owner or Agent\* Title

\*\*\*\*\***Staff Use Only**\*\*\*\*\*

**Zoning:** This location Is Is NOT properly zoned for the proposed business use. Zoning District \_\_\_\_\_

**Zoning Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

.....  
**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?

**Eplain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Tax Commissioner Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

.....  
**Police Approval:**

Have there been any complaints or reported issues received from this location: 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

### **Select all that apply:**

- 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

\_\_\_\_\_  
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. **Authorize Local Agent / Emergency Contact:**

**MUST BE LOCAL & AVAILABLE 24H**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell/other: \_\_\_\_\_

PROVIDE A COPY OF AUTHORIZED LOCAL AGENTS STATE ISSUED IDENTIFICATION (Front & Back)

**MUST BE POSTED ONSITE**



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 affidavit, 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 certify that the proposed dwelling does not require the Homeowners Association's approval to operate a Short-Term Rental. **(Provide proof from HOA)**

\_\_\_\_\_  
 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, **herby 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 and receives and accept service of any notice of violation related to the use or occupancy of the premises and accept service and assume legal responsibility. 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.

**I do not have an agent or agency representing my Short-Term Rental property.**

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Property Owner