



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 a New Short-Term Rental License

Application Fee Per Establishment, \$350.00

Before anyone can offer Short Term rentals to the public in Chatham County, they must obtain a Short-Term Vacation Rental Certificate and complete an Occupation Registration.

- 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**)
- Notarized Affidavit Verifying Status for County Public Benefit Application (**NOT required for renewals**)
- Notarized Private Employer Affidavit (E-Verify) (**NOT required for renewals**)
- Proof of the owner's current ownership of the short-term rental unit and;(i.e., **deed, tax records, etc.**)
- 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**)
- Diagram of parking
- Provide a copy of authorized local agent's current state issued identification (front & back) (page 6)
- Proof of advertisement with a marketplace innkeeper for collection of Hotel Motel Tax

Incomplete or inaccurate applications will not be accepted and may result in delays or denial of 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.

RENEWALS:

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.

Short Term Rental Address: _____ License # _____



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NEW SHORT TERM RENTAL APPLICATION
 (A separate rental certificate shall be required for each establishment)

Date: _____ **Calendar Year:** _____ **Certificate No.:** _____

1. Type of Lodging: Guest House Single Family Home Duplex or Townhouse Garage Apartment
 Condominium Carriage House Recreational Vehicle Other _____

2. Will entire house be rented? Yes No
 If no, how many bedrooms in residence will be rented? _____

3. Property Owner of Residence:

Full Legal Name* _____
 Address _____ City _____ State _____ Zip Code _____
 Phone Number _____ Email Address: _____

*(If owner is not a natural person, use separate sheet to identify all partners, officers and/or directors of any such entity, including personal contact information.)

4. Business Name (if applicable):

Business Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Email Address: _____

5. Mailing Address (if different) _____

City _____ State _____ Zip Code _____

6. Address of Proposed Short-Term Rental Unit:

Address _____
 City _____ State _____ Zip Code _____

Property Identification Number (P.I.N): _____

7. Agent: (if other than owner)

This person shall:

- a. be a valid local point of contact. **Provide a copy of current state issued identification, front & back.**
- b. be reasonably available to handle any problems arising from use of the rental unit.
- c. appears on the premises within 24 hours following notification from the Fire Inspector, Chatham County or Department of Building Safety & Regulatory Services designee, of issues related to the use or occupancy of the premises.
- d. 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
- e. monitors the rental unit for compliance with the Chatham County Code of Ordinances

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address: _____

8. Owner agrees to use his or her best efforts 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.

9. 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.

10. 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.

Signature of Owner or Agent

Print Name of Owner or Agent* Title

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.

*******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?

Explain: _____

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:** _____



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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



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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 24HRS

Name: _____ Phone: _____

Email Address: _____ Cell/other: _____

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

MUST BE POSTED ONSITE



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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 following:

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:



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**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 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



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**O.C.G.A. § 50-36-1(E)(2) Affidavit Verifying Status
 for County Public Benefit Application**

By executing this affidavit under oath, as an applicant for a Chatham County Georgia Business/Occupational Tax Certificate, Alcohol License, and Special Event as referred in **O.C.G.A. § 50-36-1**, from the **Department of Building Safety and Regulatory Services**, the undersigned applicant verifies **ONLY** one of the following with respect to my application for public benefit:

- 1) ___ I am a United States citizen: **or**;
- 2) ___ I am a legal permanent resident of the United States. **or**;
- 3) ___ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality

Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. ***My alien number issued by the Department of Homeland Security or other federal immigration agency is _____**

A REQUIRED COPY OF ISSUED IDENTIFICATION NEEDED FOR APPROVAL, FRONT & BACK

The undersigned applicant also hereby verifies that he or she is 18 years or older and has provided at least one secure and verifiable document, as required by **O.C.G.A. 50-36-1(e)(1)**, with this affidavit. **The secure and verifiable document provided with this affidavit can be classified as**

(Example: state issued driver's license, state issued identification, passport, etc.)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of **O.C.G**

.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

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

 Signature of Applicant

 Printed Name of Applicant

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

SEAL

 Notary Public Signature

My Commission expires:



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Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation employs **more than ten (10)** and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any approved subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Please check only one:

1. _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees. **(EXEMPT)**
2. _____ On January 1st of the below-signed year, the individual, firm, or corporation employed _____ more than ten (10) employees.

 Name of Private Employer (*Business Name as Advertise*)

 Date of Authorization

_____ **(E-Verify Number)**
 Federal Work Authorization User Identification Number
**This is NOT your Federal Tax Identification Number*

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

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

 Signature of Authorized Officer/Agent

 Printed Name of Authorized Officer/Agent

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

SEAL

 Notary Public Signature

My Commission expires: