



**CHATHAM COUNTY DEPARTMENT OF
BUILDING SAFETY & REGULATORY SERVICES**
DEPARTMENT OF BUILDING SAFETY
AND REGULATORY SERVICES
P.O. Box 8161
Savannah, GA 31412-8161
912-201-4300 | Fax 912-201-4301
<http://buildingsafety.chathamcountyga.gov>



Gregori S. Anderson, CBO
Director

Clifford Bascombe, CBO
Assistant Director

SHORT-TERM RENTAL APPLICATION

This is an Application for:

- Short Term Rental license in the unincorporated area of Chatham County (Fee \$350.00)
- Short Term Rental renewal license in the unincorporated area of Chatham County (Fee \$250.00)

INCOMPLETE SHORT TERM RENTAL (STR) APPLICATIONS WILL NOT BE PROCESSED. Please complete this STR application to apply for a new STR Certificate or renewing an existing STR Certificate. Each STR location must apply for a certificate on a separate application. Make all checks and money orders payable to Chatham County.

Checklist:

- STR Application: Complete in its entirety
- Completed Regulation Form
- Completed Life Safety Compliance Verification Form
- Copy of Driver's License / State ID/ Passport (*all applicants*)
- Notarized Affidavit Verifying Status for County Public Benefit Application (*all applicants*)
- Notarized Private Employer Affidavit (E-Verify)
- Proof of Property Ownership (*Renters of real property are not eligible*). (*Property deed, tax bill, etc.*)
- Proof of Homeowner's or other structural insurance indicating the property is used as a short term rental
- A Copy of current Ad Valorem (*Property*) Tax receipt from Chatham County Tax Commissioner
- Proof of fire subscription service (*Invoice*)
- Proof of trash pick-up service (*Invoice*)
- Proof of payment of the Hotel/Motel Excise Tax

NAME OF BUSINESS: _____

PERMIT # _____

CHATHAM COUNTY

PROCEDURE: Submit the completed application packet to Chatham County Department of Building Safety & Regulatory Services attention Occupation Tax, with the appropriate fee. When the application is processed, Inspections shall be made by appointment with the 24-hr contact person.

SHORT TERM RENTAL APPLICATION

Applications must be submitted by the property owner or authorized representative.

1. Location of proposed Short Term Rental Unit (“STRU”):

Address _____ City _____ State _____ Zip _____

P.I.N. # _____ # of Bedrooms: _____ # of off-street parking spaces: _____

Is there a swimming Pool? Yes No Is there a Hot Tub? Yes No (attach diagram of parking plan)

2. What type of dwelling is the STRU?

- Single Family Home Duplex or Townhouse Garage Apartment Condominium
 Apartment in Apartment Building Carriage House Other

Please Describe _____

RESPONSIBLE PARTY CONTACT INFORMATION <i>(Please Print Clearly)</i>	PROPERTY OWNER CONTACT INFORMATION <i>(Please Print Clearly)</i>
Business Name (if applicable):	Business Name (if applicable):
Print Name and Title:	Print Name and Title:
Mailing Street Address:	Mailing Street Address:
City/State/Zip:	City/State/Zip:
Primary Phone Number:	Primary Phone Number:
Secondary/Cell Phone Number:	Secondary/Cell Phone Number:
Email:	Email:

CHATHAM COUNTY

All provisions and regulations set forth in the Chatham County Short Term Rental Ordinance may be found in Chapter 16, Article XIII. The Department of Building Safety & Regulatory Services may refuse to issue or renew a license or may revoke a Short Term Rental Permit issued, if the property owner has willfully withheld or falsified any information required for a Short Term Rental Permit.

Failure to renew when applicable, shall constitute a code violation and subject to a late penalty. This permit is nontransferable and expires on the anniversary date of its issuance. Should a renewal be denied, the denial can be appealed as outlined in Chatham County Ordinance Chapter 16, Article 1308 and 1309.

Executed in _____ (City), _____ (State).

Signature of Applicant:

Date:

Printed Name of Applicant:

SUBSCRIBED AND SWORN BEFORE ME ON THIS:

_____ DAY OF _____, 20_____

My Commission Expires:

NOTARY PUBLIC

SEAL

.....
OFFICE USE ONLY

FIRE PREVENTION: This Proposed Business & Location [] DOES [] DOES NOT Meet Local Fire Codes.

Occupancy Load _____ Fire Inspector _____ Date _____

POLICE APPROVAL: This Business and/or Applicant [] IS [] IS NOT APPROVED BY CCPD

POLICE OFFICER _____ DATE _____

Cash [] Credit Cash [] Check/M.O. # _____ Receipt # _____

Date Paid _____ Received By _____ Permit # _____

CHATHAM COUNTY



DEPARTMENT OF BUILDING SAFETY & REGULATORY SERVICES

SHORT TERM RENTAL REGULATION SIGN

PERMIT # _____

A. PARKING RULES:

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:

Name: _____

Address: _____ City: _____ St: _____ Zip _____

Primary Phone: _____ Cell/Other: _____

Email: _____

**MUST BE POSTED ON SITE
&
RENEWED ANNUALLY**

CHATHAM COUNTY



DEPARTMENT OF BUILDING SAFETY & REGULATORY SERVICES

SHORT TERM RENTAL LIFE SAFETY COMPLIANCE VERIFICATION

- Portable Fire Extinguisher (10-ABC)
- Proof of Fire Subscription Service
- Garbage/Trash Removal Service
- Swimming Pool & Meets State Enclosure Requirements N/A
(Diagram & location of where the pool is located on property)

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

Owner Signature: _____ Date: _____

Owner Printed Name: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS:

_____ DAY OF _____, 20_____

My Commission Expires:

NOTARY PUBLIC

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County Staff Signature: _____

Permit Number: _____



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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 _____
(such as: 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 in _____ (City), _____ (State).

Signature of Applicant:

Date

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS

_____ DAY OF _____, 20_____

My Commission Expires:

NOTARY PUBLIC

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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:

10 or less circle "Exempt" (circle if exempt and complete form)

(E-Verify No.)

Federal Work Authorization User Identification Number
THIS IS NOT YOUR FEDERAL TAX IDENTIFICATION NUMBER

Date of Authorization

Name of Private Employer (NAME OF BUSINESS)

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

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

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS

____ DAY OF _____, 20____

My Commission Expires:

NOTARY PUBLIC

SEAL