

Zoning and Planning Department

Annual Renewal Short-Term Rental Property Zoning Permit Application Packet



Annual Renewal Short-Term Rental Property (STRP) Zoning Permit Application Process/Checklist

Pursuant to *Article 6.8* of the *Charleston County Zoning and Land Development Regulations Ordinance*, Zoning Permits for Short-Term Rental Properties must be renewed annually. Short-Term Rental Property renewal applications must demonstrate compliance with all current requirements of *Article 6.8* of the *Charleston County Zoning and Land Development Regulations Ordinance* (see *Article 6.8* for more information, including enforcement and penalties).

- **o** Completed Short-Term Rental Property Zoning Permit Annual Renewal Application Form
- **o** Previous year's Zoning Permit issued for the Short-Term Rental Property
- **o** Completed and signed Restrictive Covenants Affidavit
- $\circ\,$ Completed and signed Short-Term Rental Property Annual Renewal Affidavit
- For Limited Home Rentals, a completed and signed Owner-Occupied Affidavit and one of the following (pursuant to *ZLDR Art. 6.8*): documentation that the subject property is listed as the owner's legal voting address; or documentation that the subject property is listed as the address on the owner's driver's license or other government issued identification.
- For Extended Home Rental Short-Term Rental Properties in the AGR and AG-8 Zoning Districts, a completed and singed Extended Home Rental STRP Affidavit must be submitted along with one of the following: documentation that the subject property is listed as the owner's legal voting address; or documentation that the subject property is listed as the address on the owner's driver's license or other government issued identification.

Important Contact Information: Phone: Planning & Zoning 843-202-7220 Email: shorttermrental@charlestoncounty.org



Short-Term Rental Property Zoning Permit Application

Type of Short-Term	Rental:	Limited Home Rental			
		Extended Home Rental			
Commercial Guest House					
Owner Information			-		
First Name:			Last Name:		
Mailing Address:					
<i>Home/Cell Phone #:</i>					
Email Address:					
Applicant Information	on (if not b	eing submitted	by owner)		
First Name:			Last Name:		
Mailing Address:					
<i>Home/Cell Phone #:</i>					
Email Address:					
Short-Term Rental Pr	operty In	formation			
Address:					
<i>TMS #:</i>					
Zoning:					
Type of Dwelling Unit to be used as a Short-Term Rental (e.g. single-family home, principal dwelling unit, accessory dwelling unit, etc.):					
Maximum Number of Bedrooms to be used for Short-Term Rentals (Note: The use of 5 or more bedrooms for Short-Term Rental purposes may result in the application of building code requirements. Please speak to the Building Inspections Department regarding any potential building code requirements):					
Number and location of Parking Spaces Provided Onsite (required parking is 1 space per permitted bedroom plus the required parking for the applicable use):					
Maximum Number of	Maximum Number of Guests:				
Maximum Number of Nights the Short-Term Rental Property is Proposed to be Rented Per Year:					
Is the Short-Term Rental Property Owner Occupied:					

I am aware that if this Short-Term Rental	Application is approved this may	v affect the Tax Assessmen	t ratio on my property:
□YES			

Notes:

- After receiving a Zoning Permit for a Short-Term Rental Limited Home Rental, a **Business License must be obtained** prior to offering, advertising, or providing Short-Term Rental Properties for lodging.
- The advertisement of a Short-Term Rental shall include the County issued Zoning Permit Number and Business License Number.
- Tax Assessments of the property may change due to its partial use as a Short-Term Rental Property. Please contact the County Assessor's Office at 843-958-4100 for further information regarding this note.
- Zoning Permits for all Short-Term Rentals must be renewed annually, on or before December 31st of each year (see the Short-Term Rental Property zoning requirements contained in the *Charleston County Zoning and Land Development Regulations Ordinance* for details).
- The property owner is responsible for contacting the Charleston County Building Services Department (843-202-6930) to ensure the Short-Term Rental Property complies with all Charleston County Building Code requirements. This will include applying for and receiving a Building Safety Permit.

See the *Charleston County Zoning and Land Development Regulations Ordinance* for all Short-Term Rental Property Zoning requirements.

By signing this application, I certify that I understand and will comply with the Short-Term Rental Property requirements contained in the *Charleston County Zoning and Land Development Regulations Ordinance*, and that all required information has been submitted and is accurate.

Property Owner Signature (required):		Date:		
Applicant Signature (if not the owner):		Date:		

OFFICE USE ONLY

 Amount Received:
 Cash
 Check
 #
 Invoice Number:

Permit Specialist/Planner's Signature

	SHORT-TERM RENTAL ZONING PERMIT APPLICATIONS FEES					
a.	Short-Term Rental Permit: Limited Home Rental (LHR) Note that additional applications, processes, and fees may apply pursuant to the requirements for Short-Term Rentals contained in the Charleston County ZLDR.	\$100.00 Zoning Fee				
b.	Short-Term Rental Permit: Extended Home Rental (EHR) Note that in addition to the EHR Zoning Permit application and fee, Site Plan Review and Special Exception applications and required fees must be submitted pursuant to the requirements and processes contained n the ZLDR. Zoning Permits for EHRs will not be issued until/unless the Site Plan Review application is approved, and the Board of Zoning Appeals approves the Special Exception application.	\$200.00 Zoning Fee				
C.	Short-Term Rental Permit: Commercial Guest House (CGH) Note that in addition to the CGH Zoning Permit Application and fee, a Site Plan Review application (with the required fee) must be submitted pursuant to the requirements and processes contained in the ZLDR. Zoning Permits for CHRs will not be issued unit/unless the Site Plan Review application is approved.	\$300.00 Zoning Fee				

Date



Joel H. Evans, AICP, PLA Zoning & Planning Director

843.202.7200 1.800.524.7832 Fax: 843.202.7222 Lonnie Hamilton, III Public Services Building 4045 Bridge View Drive North Charleston, SC 29405-7464

RESTRICTIVE COVENANTS AFFIDAVIT

I,	_, have researched the restrictive covenants applicable
to Parcel Identification Number/s (PID #)	located at
(address/es)	_, and have found that either there are no restrictive
covenants applicable to the subject property	properties or that the proposed application is not
contrary to, does not conflict with, and is not pr	ohibited by any of the restrictive covenants, as specified
in South Carolina Code of Laws, Section 6-29-	1145.

(Signature)

(Date)

(Print Name)

Explanation:

Effective July 1, 2007, South Carolina Code of Laws Section 6-29-1145 requires local governments to inquire in the permit application, or in written instructions provided to the applicant, if a tract or parcel of land is restricted by a recorded covenant that is contrary to, conflicts with or prohibits an activity for which a permit is being sought. (Section 6-29-1145 is copied on the back of this page)

For Staff Use Only:

Received by _____

Date _____

Application Number _____

"Section 6-29-1145.

- (A) In an application for a permit, the local planning agency must inquire in the application or by written instructions to an applicant whether the tract or parcel of land is restricted by any recorded covenant that is contrary to, conflicts with or prohibits the permitted activity.
- (B) If a local planning agency has actual notice of a restrictive covenant on a tract or parcel of land that is contrary to, conflicts with, or prohibits the permitted activity;
 - 1. in the application for the permit;
 - 2. from materials or information submitted by the person or persons requesting the permit; or
 - 3. from any other source including, but not limited to, other property holders, the local planning agency must not issue the permit unless the local planning agency receives confirmation from the applicant that the restrictive covenant has been released for the tract or parcel of land by action of the appropriate authority or property holder or by court order.
- (C) As used in this section:
 - 1. 'actual notice' is not constructive notice of documents filed in local offices concerning the property, and does not require the local planning agency to conduct searches in any records offices for filed restrictive covenants;
 - 2. 'permit' does not mean an authorization to build or place a structure on a tract or parcel of land; and
 - 3. 'restrictive covenant' does not mean a restriction concerning a type of structure that may be built or placed on a tract or parcel of land."



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SHORT-TERM RENTAL AFFIDAVIT

I, _____, hereby certify under the penalty of perjury that with the submission of the attached Short-Term Rental Property Annual Renewal Application for the Short-Term Rental Property on Parcel Identification Number/s (PID #) located at (address/es) ______, the occupancy type of Short-Term Rental Property use (Limited Home Rental, Extended Home Rental, or Commercial Guest House) and the information submitted as part of the application for the previous year's Zoning Permit (Zoning Permit Number) ______ for the Short-Term Rental Property use, has not changed in any manner whatsoever and that the Short-Term Rental Property use complies with the Charleston County Zoning and Land Development Regulations Ordinance, as amended, Article 6.8, Short-Term Rentals. I understand that additional information may be required for the Zoning and Planning Director to make a determination regarding compliance with County regulations, and I will provide such documentation immediately upon request.

(Signature)

(Date)

(Print Name)

For Staff Use Only:

Received by Date

Application Number _____



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OWNER-OCCUPIED STRP AFFIDAVIT (Limited Home Rental STRPs)

I,	, certify under the penalty of perjury that I/we have
designated the property identified as tax n	nap parcel identification number
located at (address/es)	, as my/our legal residence subject to the
legal assessment ratio according to the re	ecords of the County Assessor's Office and I/we (check at
least one of the following):	
\Box Have designated the property listed	l above as my/our legal voting address; or
□ Have designated the property lister	d above as the address on my/our driver's license or other
government issued identification.	

(Signature(s))	(Date)			
		(Print Name(s))		
For Staff Use Only:				
Received by	Date		Application Number	

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Zoning & Planning Director



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EXTENDED HOME RENTAL STRP AFFIDAVIT (ONLY FOR PROPERTIES IN THE AGR AND AG-8 ZONING DISTRICT)

I,	, certify under the penalty of perjury that I/we have
designated the property identified as tax map pa	arcel identification number
located at (address/es)	, is a Bona Fide Agricultural Use as
defined in the Charleston County Zoning and Land	Development Regulations and I/we (check at least one of
the following):	
\Box Have designated the property listed above	re as my/our legal voting address; or

□ Have designated the property listed above as the address on my/our driver's license or other government issued identification.

(Signature(s))			(Date)	
		(Print Name(s))		
For Staff Use Only:				
Received by	Date		Application Number	