

Zoning and Planning Department

Annual Renewal Short-Term Rental Property Zoning Permit Application Packet

Zoning and Planning Department



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).

- Completed Short-Term Rental Property Zoning Permit Annual Renewal Application Form
- Previous year's Zoning Permit issued for the Short-Term Rental Property
- Completed and signed Restrictive Covenants Affidavit
- 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



Zoning and Planning Department Joel H. Evans, AICP, PLA, Director Lonnie Hamilton III Public Services Building 4045 Bridge View Drive North Charleston, SC 29405 843.202.7200

Short Term Rental Property Zoning Permit Application

Type of Short-Term Re	of Short-Term Rental: Limited Home Rental □		
Extended Ho		ne Rental	
	Commercial G	uest House □	
Owner Information			
First Name:		Last Name:	
Mailing Address:			
Home/Cell Phone #:			
Email Address:			
Applicant Information (if not being submitted by owner)			
First Name:		Last Name:	
Mailing Address:			
Home/Cell Phone #:			
Email Address:			
Short-Term Rental Prop	erty Information		
Address:			
TMS #:			
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 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: \square YES \square NO			

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

Cash ☐ Check ☐ # Invoice Number:

— Ре	ermit Specialist/Planner's Signature	Date	
	•		
	SHORT-TERM RENTAL ZONING PERMIT APPLICATIO	NS FEES	
a.	Short-Term Rental Permit: Limited Home Rental (LHR) Note that additional processes, and fees may apply pursuant to the requirements for Short-Term Rent in the Charleston County ZLDR.		\$100.00 Zoning Fee
b.	Short-Term Rental Permit: Extended Home Rental (EHR) Note that in addition Zoning Permit application and fee, Site Plan Review and Special Exception apprequired fees must be submitted pursuant to the requirements and processes of ZLDR. Zoning Permits for EHRs will not be issued until/unless the Site Plan Review is approved, and the Board of Zoning Appeals approves the Special Exception appreciate the state of the stat	olications and ontained n the ew application	\$200.00 Zoning Fee
C.	Short-Term Rental Permit: Commercial Guest House (CGH) Note that in additional Zoning Permit Application and fee, a Site Plan Review application (with the requirements and processes contained in the Zermits for CHRs will not be issued unit/unless the Site Plan Review application in	red fee) must LDR. Zoning	\$300.00 Zoning Fee

Amount Received:



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 prohibited by any of the restrictive covenants, as specifie				
in South Carolina Code of Laws, Section 6-29-	1145.			
(Signature)	(Date)			
(F	Print Name)			
	tion 6-29-1145 requires local governments to inquire in the permit ant, if a tract or parcel of land is restricted by a recorded covenant that ch a permit is being sought.			
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:

- '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 Rent	al Property Annual Renewal Application for the Short-
Term Rental Property on Parce	el Identification l	Number/s (PID #)
located at (address/es)		, the occupancy type of Short-Term
Rental Property use (Limited	Home Rental, E	xtended Home Rental, or Commercial Guest House)
and the information submitted	as part of the app	olication for the previous year's Zoning Permit (Zoning
Permit Number)	for the	e Short-Term Rental Property use, has not changed in
any manner whatsoever and t	hat the Short-Te	erm Rental Property use complies with the Charleston
County Zoning and Land Develop	ment Regulations (Ordinance, as amended, Article 6.8, Short-Term Rentals. I
understand that additional info	rmation may be r	required for the Zoning and Planning Director to make
a determination regarding com	pliance with Cou	nty regulations, and I will provide such documentation
immediately upon request.		
(Signature)		(Data)
(Signature)		(Date)
	(P	rint Name)
	(2)	
For Staff Use Only:		
Received by	Date	Application Number



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OWNER-OCCUPIED STRP AFFIDAVIT (Limited Home Rental STRPs)

1,		certify under the penalty of perjury that 1/we have
designated the property i	dentified as tax map pare	cel identification number
located at (address/es) _		, as my/our legal residence subject to the
legal assessment ratio ac	cording to the records o	of the County Assessor's Office and I/we (check at
least one of the following	g):	
☐ Have designated the	he property listed above	as my/our legal voting address; or
☐ Have designated t	he property listed above	e as the address on my/our driver's license or other
government issued	d identification.	
(C: ())		(D, t,)
(Signature(s))		(Date)
	(Print	Name(s))
	(1 1111)	
For Staff Use Only:		
Received by	Date	Application Number



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

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

1,	,	certify under the penalty of perjury that I/we have
designated the property	identified as tax map par	rcel identification number
located at (address/es)	-	, is a Bona Fide Agricultural Use as
defined in the Charleston	n County Zoning and Land 1	Development Regulations and I/we (check at least one of
the following):		
☐ Have designated	the property listed above	e as my/our legal voting address; or
C	1 1 2	e as the address on my/our driver's license or other
government issu	ed identification.	
(Signature(s))		(Date)
(Signature(s))		(Date)
	(Prin	t Name(s))
	(
For Staff Use Only:		
Received by	Date	Application Number