

Zoning and Planning Department

Short-Term Rental Property Annual Zoning Permit Application Renewal Package

Zoning and Planning Department



Short-Term Rental Property (STRP) Zoning Permit Annual Renewal 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).

0 (Completed Short	-Term Rental	Property Zoning	Permit Annual	Renewal A	pplication Form
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- 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-Occupier 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 signed 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 202-7200

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 Rental: Limited Home Rental Extended Home Rental Commercial Guest 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 Proper	rty Information	
Address:		
TMS #:		
Zoning:		
Type of Dwelling Unit to be us	ed as a Short Term Rental (e.g. single-family home, principal dwelling unit, accessory dwelling unit etc):	
Maximum Number of Bedroom purposes may result in the applic potential building code requirem	ns to be used for Short-Term Rentals (Note: The use of 5 or more bedrooms for Short-Term Rental cation of building code requirements. Please speak to the Building Inspections Department regarding any ents):	
Number of Parking Spaces Pr applicable use):	ovided Onsite (required parking is 1 space per permitted bedroom plus the required parking for the	
Maximum Number of Guest:		
Maximum Number of Nights to	he Short-Term Rental Property is Proposed to be Rented Per Year :	
Is the Short-Term Rental Prop	perty Owner Occupied (Circle One): Yes No	

Notes:					
• After 1	receiving a Zoning Permit for a Short-Term Rental – Limited Hoising, or providing Short-Term Rental Properties for lodging.	me Rental, a Business License must be obtained prior to offering,			
• The ac	lvertisement of a Short-Term Rental shall include the County is	sued 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' Office on 843-958-4100 for further information regarding this.				
	 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). 				
Term		Building Services Department (843-202-6930) to ensure the Short-Code requirements. This will include applying for and receiving a			
	ne Charleston County Zoning and Land Development Regrements.	ulations Ordinance for all Short-Term Rental Property Zoning			
		with the Short-Term Rental Property requirements contained in the and that all required information has been submitted and is accurate.			
Property	Owner Signature (required):	Date:			
Applican	t Signature (if uot the owner):	Date:			
Amount Re	eceivedCash?	Invoice Number			
Permit Spe	cialist/Planner's Signature	Date			
	SHORT-TERM RENTAL ZONING P	ERMIT APPLICATIONS FEES			
a.	Short-Term Rental Permit: Limited Home Rental Note that additional applications, processes, and fee apply pursuant to the requirements for Short-Term I contained in the Charleston County ZLDR.	s may 4100 00 Zoning foo			
		l l			
b.	Short-Term Rental Permit: Extended Home Rental (E Note that in addition to the EHR Zoning Permit application fee, Site Plan Review and Special Exception application required fees must be submitted pursuant to the required and processes contained in the ZLDR. Zoning Perm EHRs will not be issued until/unless the Site Planta application is approved and the Board of Zoning A approves the Special Exception application.	on and one of the state of the			



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 cov				
applicable to the subject proper	ty/properties or that the proposed application is not contrary to, does not conflict			
with, and is not prohibited by a	ny of the restrictive covenants, as specified in South Carolina Code of Laws, Section			
6-29-1145.				
(Signature)	(Date)			
(oignature)	(Date)			
	(Print Name)			
For Staff Use Only:				
Received by	Date Application Number			

- "Section <u>6-29-1145</u>. (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 holders 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 Sh	ort-Term Rental Property Annual Renewal Application for the Short-Term Rental
Property on Parcel Identification	on Number/s (PID #) located at
	, the occupancy type of Short-Term Rental Property use
(Limited Home Rental, Extend	led 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 Ord	linance, as amended, Article 6.8, Short-Term Rentals. I understand that additional
information may be required for	or 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)

,	, certify under the penalty of perjury that I/we have designated
(Print Name(s))	
the property identified as tax ma	ap parcel identification number
located at (address)	
as my/our legal residence subjec	et to the legal assessment ratio according to the records of the County
Assessor's Office and I/we (che	ck at least one of the following):
Have designated the proper	ty listed above as my/our legal voting address; or
Have designated the proper issued identification.	ty listed above as the address on my/our driver's license or other government
(Signature(s))	(Date)
(Print Name(s))	
For Staff use Only:	Date Application Number



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

I,		under the penalty of perjury that I/we have designated
(Print Name	e(s))	
the property identified as	tax map parcel identifica	tion number
located at (address)		
is a Bona Fide Agricultura	al Use as defined in the C	Charleston County Zoning and Land Development
Regulations Ordinance an	d I/we (check at least one	e of the following):
Have designated the p	property listed above as n	ny/our legal voting address; or
Have designated the prissued identification.	property listed above as t	he address on my/our driver's license or other government
(Signature(s))		(Date)
(Print Name(s))	
For Staff use Only: Received By	Date	Application Number