Short-Term Rental Property
Limited Home Rental
Zoning Permit Application
Package
Limited Home Rental 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 Application and Fee.
- Completed and signed Restrictive Covenants Affidavit.
- 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.
- STRP Administrative Site Plan Review Approval and Fee: Requires submittal of aerial photographs and photographs of the property. At the discretion of the Zoning and Planning Director, a site plan drawn to engineer’s scale depicting existing and proposed conditions, including required parking, shall be submitted, and site visits by Zoning and Planning Staff may be required.

Note: See the Charleston County Zoning and Land Development Regulations Ordinance for all Short-Term Rental Property Zoning requirements including annual renewal requirements and Business License requirements.

Important Contact Information: Planning/Zoning 843-202-7220
planning@charlestoncounty.org
**Short-Term Rental Property Zoning Permit Application**

**Type of Short-Term Rental:**
- Limited Home Rental
- Extended Home Rental
- Commercial Guest House

<table>
<thead>
<tr>
<th><strong>Owner Information</strong></th>
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<tbody>
<tr>
<td><strong>First Name:</strong></td>
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<tr>
<td><strong>Mailing Address:</strong></td>
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<tr>
<td><strong>Home/Cell Phone:</strong></td>
</tr>
<tr>
<td><strong>Email Address:</strong></td>
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</tbody>
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**Applicant Information (if not being submitted by owner)**

| **First Name:**       | **Last Name:**         |
|-----------------------|
| **Mailing Address:**  |                         |
| **Home/Cell Phone:**  |                         |
| **Email Address:**    |                         |

**Short-Term Rental Property Information**

<table>
<thead>
<tr>
<th><strong>Address:</strong></th>
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<td><strong>TMS #:</strong></td>
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<th><strong>Zoning:</strong></th>
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| **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 of Parking Spaces Provided Onsite (required parking is 1 space per permitted bedroom plus the required parking for the applicable use):** |

| **Maximum Number of Nights the Short-Term Rental Property is Proposed to be Rented Per Year:** |

| **Is the Short-Term Rental Property Owner Occupied (Circle One):** | **Yes** | **No** |

Turn Page Over
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 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).
- 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 __________________________ Date: ____________

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<tr>
<th>SHORT-TERM RENTAL ZONING PERMIT APPLICATIONS FEES</th>
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<tr>
<td><strong>a. Short-Term Rental Permit: Limited Home Rental (LHR)</strong></td>
</tr>
<tr>
<td>Note that additional applications, processes, and fees may apply pursuant to the requirements for Short-Term Rentals contained in the Charleston County ZLDR.</td>
</tr>
<tr>
<td>$100.00 Zoning fee.</td>
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</table>

| **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 in 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 until/unless the Site Plan Review application is approved. |
| $300.00 Zoning Fee. |
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 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 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."
OWNER-OCCUPIED STRP AFFIDAVIT
(Limited Home Rental STRPs)

I, ________________________________, certify under the penalty of perjury that I/we have designated
(Print Name(s))

the property identified as tax map parcel identification number ________________________________

located at (address) ________________________________________________________________

as my/our legal residence subject to the legal assessment ratio according to the records of the County
Assessor’s Office and I/we (check at least one of the following):

___ Have designated the property listed above 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 ___________________

October 20, 2020