



Chatham County ~ Department of Building Safety & Regulatory Services  
Occupational Tax Division ~ P.O. Box 8161, Savannah, GA 31412-8161  
Physical Address: 1117 Eisenhower Drive, Suite D, Savannah GA 31406  
Office: 912-201-4300 | Fax 912-201-4301 | <https://buildingsafety.chathamcountyga.gov/>

## SHORT TERM RENTAL CERTIFICATE INFORMATION

Before anyone can offer Short Term rentals to the public in Chatham County, they must obtain a Short-Term Vacation Rental Certificate and complete an Occupation Registration.

**Application Fee Per Establishment, \$350.00**

### **Requests for STR Certificate Renewal shall include the following:**

- ☐ STR Application: Complete in its entirety
- ☐ Completed Life Safety Compliance Verification Form
- ☐ Completed Regulation Form
- ☐ Completed HOA Affidavit
- ☐ Copy of Driver's License / State ID/ Passport (*all applicants, agents/representative*)
- ☐ Notarized Affidavit Verifying Status for County Public Benefit Application (*NOT required for renewals*)
- ☐ Notarized Private Employer Affidavit (E-Verify) (*NOT required for renewals*)
- ☐ Proof of the owner's current ownership of the short-term rental unit and;( *i.e., deed, tax records, etc.*)
- ☐ Proof of Homeowner's insurance indicating the property is used as a short-term rental (must list the owner's name, address of rental unit, and policy dates.)
- ☐ A Copy of current Ad Valorem (*property*) tax receipt from Chatham County Tax Commissioner
- ☐ Proof of trash pick-up service (*current invoice*)
- ☐ Proof of fire service (*current invoice*)
- ☐ Diagram of parking
- ☐ Proof of advertisement with a marketplace innkeeper for collection of Hotel Motel Tax

Application will not be accepted without all the above documents. The entire application package and complete instructions can be found on the county web site: <https://buildingsafety.chathamcountyga.gov/>

The annual fee shall be paid at the time application is made for the renewal.

### **REMINDER:**

Your obligations to your covenants and/or your homeowners association covenants are not to be overridden or changed by the granting of a STR certificate.

### **RENEWALS:**

Short Term Vacation Rental certificates are renewable annually by June 30<sup>th</sup>.

Fee amount: \$350

**It is the property owner, agent and/or corporation responsibility to ensure that certificate is renewed annually.**

Short Term Rental Address: \_\_\_\_\_ License # \_\_\_\_\_



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### NEW SHORT TERM RENTAL APPLICATION

(A separate rental certificate shall be required for each establishment)

Date: \_\_\_\_\_ Calendar Year: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

**1. Type of Lodging:** ☐ Guest House ☐ Single Family Home ☐ Duplex or Townhouse ☐ Garage Apartment  
☐ Condominium ☐ Carriage House ☐ Recreational Vehicle ☐ Other \_\_\_\_\_

**2. Will entire house be rented?** ☐ Yes ☐ No

If no, how many bedrooms in residence will be rented? \_\_\_\_\_

#### 3. Property owner of residence:

Full Legal Name\* \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

\*(If owner is not a natural person, use separate sheet to identify all partners, officers and/or directors of any such entity, including personal contact information.)

#### 4. Business Name (if applicable):

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

#### 5. Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### 6. Address of proposed short-term rental unit:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property Identification Number (P.I.N): \_\_\_\_\_

#### 7. Agent: **(if other than owner)** \*Please provide 24-hour contact information

This person shall:

- a. be a valid local point of contact.
- b. be reasonably available to handle any problems arising from use of the rental unit;
- c. appears on the premises within 24 hours following notification from the Fire Inspector, Chatham

County or Department of Building Safety & Regulatory Services designee, of issues related to the use or occupancy of the premises;

**d. receives and accept service of any notice of violation related to the use or occupancy of the premises; and**

**e. monitors the rental unit for compliance with the Chatham County Code of Ordinances**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

**8. Owner agrees** to use his or her best efforts to assure that use of the premises by short term rental occupants **will not disrupt the neighborhood and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their properties.**

**9. Applicant agrees** that the rental certificate applied for by him/her shall not, when granted, become a civil contract between the applicant and the governing authority of the County, but shall operate purely as a rental certificate to the applicant, and said rental certificate may be revoked by Chatham County at any time.

**10. Applicant hereby acknowledges** his/her duty to collect a hotel/motel tax and remit same to the Chatham County Finance Department monthly on or before the 20th day of the month following the month of collection unless you are renting only through an online platform (VRBO, Airbnb, etc.).

**PROPERTY OWNER'S AGREEMENT:** BY signing this AGREEMENT, the Property Owner agrees to use his or her best efforts to assure that the short-term rental use of the dwelling unit **will not disrupt the residential character of the neighborhood and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their residences.** Furthermore, the Property Owner acknowledges that they have read the Chatham County Short Term Rental Ordinance Article XIII.

**OWNER'S AFFIDAVIT:** I HEREBY DECLARE that all information provided in this application is true and correct and, further, understand that providing false or misleading information on this application may result in being denied, or the loss thereof, of any license or permit issued by the Department of Building Safety and Regulatory Services was based upon information provided in this application.

\_\_\_\_\_  
Signature of Owner or Agent\* Title

\_\_\_\_\_  
Print Name of Owner or Agent\* Title

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SEAL**

\_\_\_\_\_  
Notary Public Signature

My Commission expires: \_\_\_\_\_

*The written application for a Short-Term Rental certificate on file with the Chatham County Department of Building Safety & Regulatory Services shall be a permanent record which the certificate holder must always maintain current with correct information. The failure to maintain a current application shall be grounds for revocation of a rental certificate.*

\*\*\*\*\***Staff Use Only**\*\*\*\*\*

**Zoning:** This location ☐ Is ☐ Is NOT properly zoned for the proposed business use. Zoning District \_\_\_\_\_  
**Zoning Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

.....  
**Fire Prevention:** This proposed business & location ☐ Does ☐ **Does NOT** meet the local STR Ordinance  
**Fire Inspector:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Occupancy Load** \_\_\_\_\_

.....  
**Tax Commissioner:** §16-1304 Qualifications/Requirements of Property Owners to Receive a License.

- ☐ **Yes** ☐ **No** All ad-valorem taxes that are due at the time of the application are paid in full.  
☐ **Yes** ☐ **No** All applicants have an ownership interest.  
☐ **Yes** ☐ **No** Is the property being used for homestead exemption or Stephen's Day exemption?

Exceptions: \_\_\_\_\_

**Tax Commissioner Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

.....  
**Police Approval:**

Any previous complaints from CCPD: ☐ Yes ☐ No Criminal Background Record: ☐ Yes ☐ NO

If so, explain: \_\_\_\_\_

This business and/or applicant: ☐ **Is** ☐ **Is NOT** approved by CCPD.

**Police Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## Short Term Rental Life Safety Compliance Verification

- ☐ Portable Fire Extinguisher (10-ABC)
- ☐ Proof of Garbage/trash Removal Service
- ☐ Swimming Pool that meets state enclosure requirements  
(Provide a diagram & location of where the pool is located on property)
- ☐ Hot tub that meets state enclosure requirements  
(Provide a diagram & location of where the hot tub is located on property)

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant



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# Short Term Rental Regulation Sign

Tax Year: \_\_\_\_\_

**A. Parking Rules:** (provide a written description of parking guidelines and diagram of parking):

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**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:** (MUST BE LOCAL & AVAILABLE 24HRS)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell/other: \_\_\_\_\_

**MUST BE POSTED ONSITE**

**&**

**RENEWED BY JUNE 30<sup>TH</sup>**



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## Short Term Rental Homeowners Association Affidavit

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, first being duly sworn, I,

\_\_\_\_\_, agree with this affidavit, relating to the Short Term  
(Property Owner's Name)

Rental located at: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

The above Short-Term Rental will be conducted according to **Chatham County Short Term Rental Ordinance, Article XIII, Section 16-1304, Qualifications / Requirements of Property Owners to Receive a License**. Which states, each property or rental unit subject to this ordinance shall qualify for a license when all of the conditions in the Short-Term Ordinance have been met, including the flowing:

1. I attest that the Homeowners Association has approved the above-listed dwelling unit to be used as a short-term rental.
2. I hereby certify that the information supplied in this form is true and complete, and hereby authorize Chatham County Department of Building Safety and Regulatory Services and all other authorized county officials to make all necessary inquiries to verify its accuracy.
3. Any fraud, misrepresentations, false statements or other attestations that are untrue shall be grounds for immediate revocation of the short-term rental license.

☐ I attest that I am not require any approval from my Homeowners Association for the proposed dwelling in question to operate as a short-term rental.

\_\_\_\_\_  
Signature of Applying Applicant

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public



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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 on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Applicant

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SEAL**

\_\_\_\_\_  
 Notary Public Signature

My Commission expires: \_\_\_\_\_





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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:

#### Please check only one:

1. \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees. **(EXEMPT)**
2. \_\_\_\_\_ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees.

\_\_\_\_\_  
Name of Private Employer (*Business Name as Advertise*)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
(E-Verify Number)

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\*This is NOT your Federal Tax Identification Number

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Authorized Officer/Agent

\_\_\_\_\_  
Printed Name of Authorized Officer/Agent

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SEAL**

\_\_\_\_\_  
Notary Public Signature

My Commission expires: \_\_\_\_\_



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**LETTER OF AGENCY FOR  
SHORT TERM VACATION RENTALS**

I/We, the undersigned owner(s) of real property located in unincorporated Chatham County, Georgia, **hereby appoint** \_\_\_\_\_ to be my/our Agent for the purpose of applying for a Short Term Vacation Rental Certificate for the **following address:** \_\_\_\_\_

Attached hereto is proof of current ownership of the property to which this Letter of Agency applies. The above-named Agent hereby is authorized to complete and sign the application for a Short-Term Rental Certificate on our behalf. We understand that this Letter of Agency will be attached to and made part of the application and will be relied upon by Chatham County. For and in consideration of Chatham County accepting this Letter of Agency, we hereby indemnify and hold harmless Chatham County and its agents and/or employees in the event that the above-named agent should misuse this Letter of Agency and we suffer damages as a result.

☐ **N/A**

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

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Printed Name of Property Owner