



**Town of Seabrook Island**  
2001 Seabrook Island Road  
Seabrook Island, SC 29455

[townofseabrookisland.org](http://townofseabrookisland.org)

**Short-Term Rental Permit  
Application (Class C)**

**STR FORM  
C-2**

**Contact Us:** (843) 768-9121

[brinehimer@townofseabrookisland.org](mailto:brinehimer@townofseabrookisland.org)

**Qualified Local Contact  
Acknowledgement**

TO BE COMPLETED BY APPLICANT	
Property Address	
Owner Name(s)	

As owner(s) of the above-referenced property, I (we) hereby designate ► \_\_\_\_\_ to serve as the Qualified Local Contact for my (our) short-term rental unit. As the Qualified Local Contact, the above-named individual shall be authorized to perform the following on my (our) behalf:

- Serve as the 24-hour emergency contact for the above-referenced property;
- Respond to, be physically present at, and/or enter the above-referenced property (if presence and/or entry is required), within two (2) hours of receiving notification from the Town, or any other entity having jurisdiction over the property;
- Shut off (or cause to be shut off) the main water valve serving the above-referenced property; and
- Send and receive communication to and from the Town, as well as rental guests, to ensure the above-referenced property and the occupants thereof maintain compliance with all applicable conditions and requirements set forth in the Development Standards Ordinance (DSO) and the Town Code.

I (We) understand that designation of a Qualified Local Contact shall not relieve me (us) from any personal responsibility and/or personal liability for compliance with all applicable conditions and requirements set forth in the DSO and Town Code.

I (We) further understand that any change to my (our) Qualified Local Contact of record, including changes in contact information, must be filed with the Zoning Administrator within five (5) business days by way of a permit modification.

**Owner Signature:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**TO BE COMPLETED BY QUALIFIED LOCAL CONTACT**

As the Qualified Local Contact for the above-referenced property, I hereby acknowledge and certify that:

\_\_\_\_\_ I am physically located, or have associates and/or employees who are physically located,  
Initial within fifty (50) miles of the above-referenced property;

\_\_\_\_\_ In the event of an emergency at the above-referenced property, I may be contacted 24 hours  
Initial per day at the following local number ► \_\_\_\_\_

\_\_\_\_\_ In the event I am contacted by the Town, or any other entity having jurisdiction over the  
Initial above-referenced property, regarding any emergency situation, alleged violation, inquiry, or inspection request, I am accessible and available to respond, and can be physically present and enter the above-referenced property (if presence and/or entry is required), within two (2) hours of receiving notification;

\_\_\_\_\_ In the event of a water leak, I am capable of shutting off (or causing to be shut off) the main  
Initial water valve serving the above-referenced property;

\_\_\_\_\_ In the event of my temporary absence or inability to respond, I understand and acknowledge  
Initial that I must route all calls to another responsible person who is capable of responding in the same manner as the Qualified Local Contact; and

\_\_\_\_\_ I am authorized, on behalf of the Property Owner, to send and receive communication to  
Initial and from the Town, as well as rental guests, to ensure the above-referenced property and the occupants thereof maintain compliance with all applicable conditions and requirements set forth in the Development Standards Ordinance (DSO) and the Town Code.

**Qualified Local Contact Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_