Town of Seabrook Island

Short-Term Rental Permit



2001 Seabrook Island Road Seabrook Island, SC 29455 townofseabrookisland.org

Contact Us: (843) 768-9121 licensing@townofseabrookisland.org

An annual Short-Term Rental (STR) Permit is required for any dwelling that is rented or leased, or offered for rent or lease, as an overnight accommodation within the Town for periods of less than thirty (30) consecutive days at any time during the

| | | | | | be renewed annually by April 30 th . • Days Late (Add \$450.00 Late Fee) | | | | | |
|--|--|-------|-------------------------|----------|--|--|--|--|--|--|
| APPLICATION TYPE (Select One) New Permit (\$450.00) Permit Renewal (\$450.00) Permit Modification (\$100.00) Change of Designated Agent or 24-Hour Contact (\$25.00) – Current STR Permit # 2023 Reinstatement of STR Permit (\$225.00) – Current STR Permit # 2023 | | | | | | | | | | |
| 1 PROPERTY INFORMATI | ION | | | | | | | | | |
| Property Address | | | | | | | | | | |
| Rental Type | Short-Term Renta | al Ur | nit 🔲 Vacation Club | Unit | | | | | | |
| Is this property subject to the covenants and restrictions of SIPOA? | | | | | | | | | | |
| Is this property located within a community association or regime? (Condo, villa, etc.) | | | | | | | | | | |
| If yes, what is the name of the community association or regime? ▶ | | | | | | | | | | |
| 2 DRODERTY OWNER(S) | | | | | | | | | | |
| 2 PROPERTY OWNER(S) Owner_name(s) must_mate | ch the property owne | r re | cords on file with the | e Chari | leston County Register of Deeds Office | | | | | |
| Owner name(s) <u>must</u> match the property owner records on file with the Charleston County Register of Deeds Office. Applications with incorrect or incomplete information will be returned . | | | | | | | | | | |
| Owner Name(s) | Must match county ROD records | | | | | | | | | |
| Contact Person | Required if owner is an LLC, trust, etc. | | | | | | | | | |
| Owner Mailing Address | | | | | | | | | | |
| Owner Phone Number | | | Owner Email Addr | ress | | | | | | |
| 2 DECIDIATED ACENT | | | | | | | | | | |
| 3 DESIGNATED AGENT | | | | | | | | | | |
| A property owner may designate an agent (such as a management company) to comply with the requirements of the Town's STR Ordinance. The designated agent may also send and receive communication on behalf of the property owner. | | | | | | | | | | |
| Do you wish to designate a | | | Yes: Complete ti | | | | | | | |
| Agent/Company Name(s) | | | | | | | | | | |
| Contact Person | | | | | | | | | | |
| Agent Mailing Address | | | | | | | | | | |
| Agent Phone Number | | | Agent Email Addre | ess | | | | | | |
| 4 24 112112 1 2211 2211 | | | | | | | | | | |
| 4 24-HOUR LOCAL CONT | | nv a | s my (our) 24 hour loss | al conta | act and further certify, under penalty of | | | | | |
| I hereby designate the following person or company as my (our) 24-hour local contact and further certify, under penalty of perjury, that the local contact 1) physically resides within 50 miles of the rental property; and 2) is accessible and available | | | | | | | | | | |
| | | | _ | | est within 2 hours of receiving notice. | | | | | |
| | ☐ Property Owner(s): Skip Ahead to Section 5 on Next Page ▼ | | | | | | | | | |
| 140 W .1 5 | ☐ Designated Agent: Skip Ahead to Section 5 on Next Page ▼ | | | | | | | | | |
| Who will serve as the 24- hour local contact for | U Other Contact: | Α | Contact Name | | | | | | | |
| this rental property? | Complete | В | Relationship to Own | ner(s) | | | | | | |
| | Lines A-D ▶ | С | Phone Number | | | | | | | |
| | | D | Email Address | | | | | | | |
| 5 TAX INFORMATION (CONTINUED ON SECOND PAGE) | | | | | | | | | | |
| Ves: Complete this Section | | | | | | | | | | |
| Will this unit be rented for | Will this unit be rented for more than 15 days during any calendar year? ☐ No: Skip Ahead to Section 6 ▼ | | | | | | | | | |
| Charleston County Accommodations Tax License/Reporting Number | | | | | | | | | | |

| Which party (or parties) will be | | | Property Owner(s) | Owner SC Retail Lic | ense # | | | | | | |
|--|--|---|--|-------------------------|---------------|----------------|--|--|--|--|--|
| | | | Designated Agent | Agent SC Retail Lice | ense # | | | | | | |
| responsible for collecting and | | _ | | Platform Nam | e / | Account # | | | | | |
| remitting to SCDOR all state and local sales taxes for this unit? | | | Online Rental Platform(s) | | | | | | | | |
| (Check all that ap | | ilis ullit: | (Airbnb, VRBO, Turnkey, etc.) | | | | | | | | |
| (Circek air that apply) | | | | | | | | | | | |
| | | | | | | | | | | | |
| 6 OTHER INFORMATION | | | | | | | | | | | |
| Yes No | Α | Does the unit have at least one (1) designated off-street parking space? | | | | | | | | | |
| Yes No | В | Is the unit equipped with at least one (1) working smoke alarm on each level? | | | | | | | | | |
| Yes No | С | - | s the unit equipped with a working smoke alarm inside each bedroom and outside each sleeping area? | | | | | | | | |
| Yes No | D | - | the unit equipped with at least one (1) fire extinguisher with a minimum rating of 1A:10B:C? | | | | | | | | |
| | | · · | Vill a placard containing the unit's business license number, maximum occupancy, fire extinguisher | | | | | | | | |
| Yes No | Е | | location and 24-hour local contact be conspicuously posted on, or adjacent to, the inside of the | | | | | | | | |
| | | primary access door within three (3) business days following issuance by the Town? | | | | | | | | | |
| | | | Will the property owner or designated agent 1) provide a copy of the Town's STR "Information | | | | | | | | |
| ☐ Yes ☐ No | F | Packet" (either in printed or electronic format) to all renters prior to (or during) the check-in | | | | | | | | | |
| | _ | process; OR 2) maintain a printed copy of the "Information Packet" within the unit at all times? | | | | | | | | | |
| Yes No | G | Is there any exterior signage on the property which identifies or advertises the unit as a STR unit? | | | | | | | | | |
| Yes No | Н | Is the unit equipped with a sprinkler system? If yes, when was it last tested? | | | | | | | | | |
| Yes No | ı | | er or designated agent wish to establi | • | | | | | | | |
| | | | number allowed by ordinance? If yes undertaken any renovations or repa | | | | | | | | |
| Yes No | J | | the work? Licensed Builder/Co | | | uis: 17 yes, | | | | | |
| | | | ipped with any of the following: any t | | | , fireplace or | | | | | |
| Yes No | к | stove which bu | irns wood, fossil fuels or fossil fuel de | erivatives (such as pro | pane); and/or | an enclosed | | | | | |
| | , N | | hich is attached to or part of the unit? If yes, is the unit equipped with at least one (1) | | | | | | | | |
| | | working carbo | n monoxide detector on each level? | Yes No | | | | | | | |
| 7 Permit Mod | ifica | tion | | | | | | | | | |
| What modification | | | a to the normit? | | | | | | | | |
| (eg. changing nu | | | - | | | | | | | | |
| (-8 | | | | | | | | | | | |
| 8 CERTIFICATION | NC | | | | | | | | | | |
| | | | contained herein is true and accurate | | | | | | | | |
| (B) I (We) understand that providing false or fraudulent information may result in the imposition of penalties including, but | | | | | | | | | | | |
| not limited to, suspension or revocation of a STR Permit, and any other remedies allowed by law. | | | | | | | | | | | |
| (C) I am (We are) aware of and understand the requirements of the Town Code and the Development Standards Ordinance (DSO) as they pertain to the permitting and operating requirements of STR units within the Town, and further understand | | | | | | | | | | | |
| that failure to comply with these requirements may result in the suspension or revocation of my (our) STR Permit, in | | | | | | | | | | | |
| addition to any other remedies allowed by law. | | | | | | | | | | | |
| (D) I (We) understand that all STR units operating in the Town must maintain a valid Town business license, and both the | | | | | | | | | | | |
| business license number and maximum occupancy shall be clearly listed in all advertisements for the STR unit. | | | | | | | | | | | |
| (E) I (We) understand that I am (we are) responsible for ensuring that all structural elements (including the interior and | | | | | | | | | | | |
| exterior of the dwelling, associated decks, stairs, handrails, guardrails, boardwalks, docks and accessory structures), as well as all mechanical, electrical and plumbing systems, are maintained in good working order; that safe means of ingress | | | | | | | | | | | |
| and egress to and from the unit shall be maintained at all times; and all areas of the property which are under my (our) | | | | | | | | | | | |
| | control shall remain clear of litter and debris. | | | | | | | | | | |
| (F) I (We) understand that all STR units may be inspected by the Town, subject to notice requirements, to verify compliance | | | | | | | | | | | |
| with the requ | iiren | nents of the Tow | n's STR ordinance. | | | | | | | | |
| Owner Signature | (s) | | | Date | | | | | | | |
| Owner digitations(3) | | | | Date | | | | | | | |
| Agent Signature (If Applicable) | | | | Date | | | | | | | |