



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

townofseabrookisland.org

**Short-Term Rental Permit
 Application (Modification)**

**STR FORM
 M-2**

Contact Us: (843) 768-9121

brinehimer@townofseabrookisland.org

**Authorized Agent
 Acknowledgement**

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

As owner(s) of the above-referenced property, I (we) hereby designate ► _____
 to serve as Authorized Agent for my (our) short-term rental unit. As Authorized Agent, the above-named individual
 or company shall be authorized to perform the following on my (our) behalf:

- Apply for a Short-Term Rental Permit or permit modification;
- Advertise, manage, and otherwise operate the short-term rental unit;
- Ensure that the short-term rental unit complies with all applicable conditions and requirements set forth in the Development Standards Ordinance (DSO) and Town Code;
- Ensure that renters of the short-term rental unit comply with all applicable conditions and requirements set forth in the DSO and Town Code;
- Serve as the qualified local contact for the short-term rental unit; and
- Accept service of process on my (our) behalf, pursuant to Rule 4(d)(1) of the South Carolina Rules of Civil Procedures.

I (We) understand that designation of an Authorized Agent 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) Authorized Agent 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 AUTHORIZED AGENT

As Authorized Agent for the above-referenced property, I hereby acknowledge and certify that:

- _____ Initial
I am (We are) physically located, or have associates and/or employees who are physically located, within fifty (50) miles of the above-referenced property;
- _____ Initial
In the event of an emergency at the above-referenced property, I (we) may be contacted 24 hours per day at the following local number ► _____
- _____ Initial
In the event I am (we are) contacted by the Town, or any other entity having jurisdiction over the above-referenced property, regarding any emergency situation, alleged violation, inquiry, or inspection request, I am (we are) 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;
- _____ Initial
In the event of a water leak, I am (we are) capable of shutting off (or causing to be shut off) the main water valve serving the above-referenced property;
- _____ Initial
In the event of my (our) temporary absence or inability to respond, I (we) understand and acknowledge that I (we) must route all calls to another responsible person who is capable of responding in the same manner as the Authorized Agent;
- _____ Initial
I am (we are) authorized, on behalf of the Property Owner, to 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; and
- _____ Initial
I (We) acknowledge that I (we) may be held jointly and severally liable for violations of any applicable law, rule or regulation which are committed, or allowed to be committed, at, within, or upon the premises of the short-term rental unit which I (we) have been authorized to manage.

Authorized Agent Signature: _____

Printed Name: _____

Company Name (If Applicable): _____

Title (If Applicable): _____

Date: _____