



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

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

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

**STR FORM  
 M**

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

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**APPLICATION FOR SHORT-TERM RENTAL PERMIT MODIFICATION**

**Incomplete applications will not be accepted!**

Each host shall be responsible for notifying the Town, by way of a permit modification, of any changes affecting their Short-Term Rental Permit following the occurrence of a qualifying event. **Applications to modify an existing Short-Term Rental Permit must be received no later than five (5) business days following the occurrence of the qualifying event.** A permit modification may only be used to update an existing Short-Term Rental Permit; a permit modification may not be used to reclassify an existing Short-Term Rental Permit from one class to another class. Applications shall be subject to a permit modification fee.

Upon issuance, a Modified Short-Term Rental Permit shall remain valid indefinitely, unless the permit is suspended, revoked, abandoned, or cancelled pursuant to the criteria and procedures set forth in Sec. 9.4 O(6) of the Development Standards Ordinance (DSO).

- APPLICATION TYPE**       Modification of Owner, Agent or Local Contact Information Only **(\$25.00)**  
 (Select All that Apply)       All Other Modifications **(\$50.00)**

*Note: If both boxes are checked, the higher application fee shall apply*

1 EXISTING SHORT-TERM RENTAL PERMIT INFORMATION	
Property Address	
STR Permit #	
STR Permit Class	<input type="checkbox"/> Standard (Class A) <input type="checkbox"/> Provisional (Class B) <input type="checkbox"/> Temporary (Class C)

2 PROPERTY INFORMATION	
<input type="checkbox"/> Change	Property Address
<input type="checkbox"/> Change	Tax Map Number

3 PROPERTY OWNER(S)	
<b>PURPOSE</b>	<input type="checkbox"/> Change of Property Ownership ► <b>Complete this Section and Attach STR Form M-1</b> <input type="checkbox"/> Change of legal name or contact information only ► <b>Update below (as applicable)</b>
<input type="checkbox"/> Change	Owner Name(s)
<input type="checkbox"/> Change	Ownership Type <input type="checkbox"/> Individual(s) <input type="checkbox"/> Corp/LLC/LLP <input type="checkbox"/> Life Estate <input type="checkbox"/> Trust <input type="checkbox"/> Other
<input type="checkbox"/> Change	Contact Person
<input type="checkbox"/> Change	Mailing Address
<input type="checkbox"/> Change	Phone Number
<input type="checkbox"/> Change	Email Address

4 AUTHORIZED AGENT	
<b>PURPOSE</b>	<input type="checkbox"/> Change of Authorized Agent ► <b>Complete this Section and Attach STR Form M-2</b> <input type="checkbox"/> Change of legal name or contact information only ► <b>Update below (as applicable)</b> <input type="checkbox"/> Removal of Authorized Agent ► <b>Skip ahead and complete Section 5</b>
<input type="checkbox"/> Change	Agent Type <input type="checkbox"/> Management Company or Other Business <input type="checkbox"/> Individual
<input type="checkbox"/> Change	Agent/Company Name
<input type="checkbox"/> Change	Contact Person
<input type="checkbox"/> Change	Physical Address
<input type="checkbox"/> Change	Mailing Address
<input type="checkbox"/> Change	Phone Number
<input type="checkbox"/> Change	Email Address

5 LOCAL CONTACT		
PURPOSE	<input type="checkbox"/> Change of Qualified Local Contact ▶ <b>Complete this Section and Attach STR Form M-3</b>	
	<input type="checkbox"/> Change of legal name or contact information only ▶ <b>Update below (as applicable)</b>	
	<input type="checkbox"/> Removal of Qualified Local Contact (Owner located within 50 miles and will serve as contact)	
<input type="checkbox"/> Change	Contact Person	
<input type="checkbox"/> Change	Relationship to Owner(s)	
<input type="checkbox"/> Change	Physical Address	
<input type="checkbox"/> Change	Mailing Address	
<input type="checkbox"/> Change	Phone Number	
<input type="checkbox"/> Change	Email Address	

6 OVERNIGHT OCCUPANCY / VEHICLE LIMIT	
PURPOSE	<input type="checkbox"/> Update overnight occupancy/vehicle limit ▶ <b>Attach STR Form M-4</b>

7 TAX INFORMATION			
<input type="checkbox"/> Change	Charleston County Accommodations Tax Reporting Number	LIC-	
<input type="checkbox"/> Change	Which party (or parties) will be responsible for collecting and remitting to SCDOR all state and local sales taxes for this unit? <i>(Check all that apply)</i> ▼		
	<input type="checkbox"/> Property Owner(s) ▶	Owner SC Retail License #	
	<input type="checkbox"/> Designated Agent ▶	Agent SC Retail License #	
	<input type="checkbox"/> Online Rental Platform ▶ <i>(Airbnb, VRBO, etc.)</i>	Platform Name	Account #

8 VEHICLE & PARKING INFORMATION		
<input type="checkbox"/> Change	Which of the following best describes the type of parking available at the rental unit?	<input type="checkbox"/> Private Driveway (With Access to Garage or Carport) <input type="checkbox"/> Private Driveway (No Access to Garage or Carport) <input type="checkbox"/> Shared Parking (Assigned Spaces) <input type="checkbox"/> Shared Parking (Unassigned Spaces)
<input type="checkbox"/> Change	Does the rental unit have a low-speed vehicle (LSV) which will be available for use by rental guests?	<input type="checkbox"/> Yes, Included with Rental Fee <input type="checkbox"/> Yes, Available for an Additional Charge <input type="checkbox"/> No
<input type="checkbox"/> Change	Number of parking spaces available for rental guests? <i>(Including garage or carport, if applicable)</i>	

9 OTHER INFORMATION	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the unit equipped with at least one (1) working smoke alarm on each level?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the unit equipped with a working smoke alarm inside each bedroom <b>and</b> outside each sleeping area?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the unit equipped with at least one (1) fire extinguisher with a minimum rating of 1A:10B:C?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there any exterior signage on the property which identifies or advertises the unit as a STR unit?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the unit equipped with a sprinkler system? ▶ <i>If yes, when was it last tested?</i> _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the owner or designated agent wish to establish a maximum occupancy for the unit that is <b>LESS</b> than the number allowed by ordinance? <i>(2 per code compliant bedroom plus 2)</i> ▶ <i>If yes, what is the desired maximum occupancy?</i> _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the owner undertaken any renovations or repairs to the unit during the last two years? ▶ <i>If yes, who completed the work?</i> <input type="checkbox"/> Licensed Builder/Contractor <input type="checkbox"/> Property Owner(s) <input type="checkbox"/> Other _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the unit equipped with any of the following: any type of heater, appliance, generator, fireplace or stove which burns wood, fossil fuels or fossil fuel derivatives (such as propane); and/or an enclosed garage which is attached to or part of the unit? ▶ <i>If yes, is the unit equipped with a working carbon monoxide detector on each level?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

**10 CERTIFICATION**

- (A) I (We) certify that all information contained in this application, including attachments, is true and accurate to the best of my (our) knowledge.
- (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 my (our) Short-Term Rental Permit.
- (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 short-term rental units within the Town and further understand that failure to comply with these requirements may result in the suspension or revocation of my (our) Short-Term Rental Permit, in addition to other remedies allowed by law.
- (D) I (We) understand that I (we) must annually apply for and maintain a valid Town business license.
- (E) I (We) understand that I (we) must maintain a log of all short-term rental stays and a copy of my (our) rental activity report for the preceding year must be submitted annually with my (our) annual business license renewal application.
- (F) I (We) understand that if the short-term rental unit is rented for more than fifteen days in any calendar year, I (we) must collect and remit (1) state and local sales taxes (8%); (2) state accommodations tax (2%); (3) Charleston County accommodations fee (2%); (4) Town of Seabrook Island local accommodations tax (1%); and (5) any other applicable taxes or fees which may be lawfully imposed in the future.
- (G) I (We) understand that it is a violation of Town ordinance to advertise or rent my (our) short-term rental unit for stays of less than two consecutive nights.
- (H) I (We) understand that I (we) must post a copy of the Short-Term Rental Permit placard in a conspicuous location on, or adjacent to, the inside of the door serving as the primary point of ingress and egress to and from the short-term rental unit at all times the unit is occupied by renters.
- (I) I (We) understand that I (we) must provide a copy of the Town’s Short-Term Rental Information Packet, either in printed or electronic format, to all renters prior to, or during, the check-in process or, alternatively, a printed copy may be maintained in a conspicuous location inside the rental unit at all times.
- (J) I (We) understand that I (we) must submit a permit modification request within five (5) business days following the occurrence of any one or more of the following: (1) change of property ownership; (2) change of address, unit number, or tax map number of the short-term rental unit; (3) change in legal name, mailing address, or contact information of the Property Owner(s), Authorized Agent, and/or Qualified Local Contact; (4) designation of a new Authorized Agent; (5) designation of a new Qualified Local Contact; and (6) change of overnight occupancy and/or maximum number of overnight vehicles resulting from the addition or deletion of code-compliant bedrooms within the short-term rental unit.
- (K) I (We) understand that it is a violation of Town ordinance to knowingly advertise false or misleading information, or information which conflicts with the provisions set forth in applicable Town ordinances, when placing an advertisement for a short-term rental unit on any rental platform or within any print or online publication (such as brochures, classified ads, website listings, etc.).
- (L) 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.
- (M) I (We) understand that all short-term rental units may be inspected by the Town, subject to notice requirements, to verify compliance with the requirements of the Town’s short-term rental ordinance.

Applicant Signature		Date	
Submitted By	<input type="checkbox"/> Property Owner(s) <input type="checkbox"/> Authorized Agent		