



CONDITIONAL USE PERMIT APPLICATION SHORT TERM RENTAL

Business License Division
1911 Boundary Street, Beaufort, South Carolina, 29902
p. (843) 525-7025 / e. buslicense@cityofbeaufort.org

Application Fee: \$100

Post Facto Fee: \$1,000

****THIS APPLICATION WILL EXPIRE SIX (6) MONTHS FROM THE DATE OF ENTRY****

Units that were found to be operating without approval of the City prior to submitting this application are subject to the post facto fee of \$1,000 per Section 3.6.2.1 of the City Code

Pursuant to Section 6-29-1145 of the South Carolina Code of Laws, is this tract or parcel restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the activity described in this application? Yes No
If yes, has approval been granted by that governing body? Yes No

Applicant and Property Information

Applicant Name: _____ E-mail: _____ Phone Number: _____

Applicant Address: _____

Property Address: _____

Property Identification Number (Tax Map & Parcel Number): _____

Property Owner: _____ E-mail: _____ Phone Number: _____

Property Owner Address: _____

Submittal Requirements:

- Copy of rental agreement. The rental agreement must specify all of the following:
 - The minimum stay (2 night minimum required)
 - The maximum number of guests
 - The maximum number of vehicles permitted
 - Where guests are to park and not park
 - That the City's noise ordinance applies between 9:00 PM and 8:00 AM
 - Prohibits large gatherings such as weddings and reunions unless specifically approved by the City
 - That pets, if permitted, are not to be left outside unattended
- Property Management plan addressing the following:
 - Contact information for property manager (phone, cell phone, email)
 - Contact information for alternative property manager(s) when primary manager is unavailable (phone, cell phone, email)

Please answer the following questions:

1. Is the applicant the property owner? Yes No
If no, a notarized letter from the owner is needed.
2. Number of vehicles that can be parked on site: _____
3. Number of bedrooms in rental unit: _____
4. Number of persons unit sleeps: _____
5. Will the property owner live on the premises?
Yes No
6. Is the property currently or previously been in use as an STR? Yes No

Rental Unit Type:

- Rental of primary dwelling
- Rental of carriage house
- Rental of bedroom

Applicant's Signature: _____ Date: _____

Approved By: _____ Date: _____



**CITY OF BEAUFORT
CONTACT LIST FOR SHORT TERM RENTAL
LOCATED AT _____**

PROPERTY OWNER:

Name: _____

Address: _____

Phone: _____

E-Mail: _____

PROPERTY MANAGER: (PRIMARY)

Name: _____

Address: _____

Phone: _____

E-Mail: _____

PROPERTY MANAGER: (BACK-UP)

Name: _____

Address: _____

Phone: _____

E-Mail: _____

PROPERTY MANAGER (SECONDARY BACK-UP)

Name: _____

Address: _____

Phone: _____

E-Mail: _____