

RABUN COUNTY PLANNING AND ZONING

18 Old RACO High Dr.

◇ Clayton, GA 30525 706-782-1579 ◇ 706-212-2701 fax ◇

www.rabuncounty.ga.gov

APPLICATION FOR SHORT TERM VACATION RENTALS IN RABUN COUNTY, GEORGIA

(A separate rental certificate shall be required for each establishment)

1. Date of Application: _____

2. For Calendar Year: _____

3. Type of Certificate – please check one: New Renewal

4. Application Fee per Establishment,

\$50 PER ADVERTISED OCCUPANT PER YEAR

\$ 30 PUBLIC ACCOMODATION LICENSE FEE \$30 + _____ X \$50 = TOTAL _____

5. Owner on Record of Dwelling Unit for which a certificate is sought:

Full Legal Name* _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address: _____

*(If owner is not a natural person, use separate sheet to identify all partners, officers and/or directors of any such entity, including personal contact information.)

6. Business Name (if applicable):

Business Name _____

DBA Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address: _____

Mailing Address (if different) _____

City _____ State _____ Zip Code _____

7. Unit to be used as a short-term vacation rental:

Physical Address _____

City _____ State _____ Zip Code _____

Parcel Number _____

8. Maximum occupancy (this shall be the same number as advertised and marketed to potential renters by or on behalf of the owner: _____)

(Maximum occupancy for STR in Unincorporated Rabun County is twelve (12) occupants.)

Who to contact if there are questions regarding the application:

Name _____ Phone _____

Email _____

9. Agent: (if other than owner) *Please provide 24-hour contact information [This person shall:

- a. Be reasonably available to handle any problems arising from use of the rental unit;
- b. Appear on the premises within 2 hours following notification from the Planning and Zoning Administrator, or his/her designee, of issues related to the use or occupancy of the premises;
- c. Receive and accept service of any notice of violation related to the use or occupancy of the premises; and
- d. Monitor the rental unit for compliance with the Rabun County Code of Ordinances]

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address: _____

10. Owner agrees to use his or her best efforts to assure that use of the premises by short term vacation rental occupants will not disrupt the neighborhood and will not interfere with the rights of neighboring property owners to the quiet enjoyment of their properties.

14. Stipulations –

- Per Rabun County Ordinance, if the property in question has a current Public Accommodation License, on or before December 27, 2022, regardless of Zoning, those properties will continue to be allowed to conduct Short Term Rentals without rezoning.
- If said property is ever sold, or changes hands, then at that time that property would lose that privilege, and would have to then seek rezoning to Vacation Cottage for Short Term Rental to continue.
- Please refer to Rabun County Ordinance for Enforcement/Violation actions if property fails to meet Rabun County Ordinance
- Please make sure that each bedroom is equipped with an approved listed single-station smoke detector that meets minimum requirements of NFPA
- Per Rabun County Ordinance, each Short-Term Rental must have a Registered Agent.
- Per Rabun County Ordinance, either the property owner **OR** Registered Agent must reside in Rabun County.

**PROPERTY OWNERS MAY SERVE AS REGISTERED AGENTS BUT MUST RESIDE IN
RABUN COUNTY**

15. Applicant herewith tenders the sum of \$ _____ as the rental certificate fee on the business proposed to be conducted by the applicant. Applicant asks that he/she be granted a rental certificate to operate the aforesaid business.

I, _____, solemnly swear, subject to the penalties for false swearing as provided under Georgia Law, all information required in this application and supporting documents for a short-term rental certificate is true and correct to the best of my knowledge and I fully understand that any false information may cause the denial or revocation of said certificate. I further state that I have received a copy of Rabun County Code of Ordinances for Short-Term Rental, have reviewed them and understand the requirements and am authorized to make application for said certificate.

Print full name as signed below _____

Signature of Owner * _____

Signature of Agent (If Applicable) _____

Title Date _____

*If signed by the Agent, a "Letter of Agency" must be included with the application.

SHORT TERM RENTAL RENEWAL FORM

Please provide any and all information if there has been any change to your Short-Term Rental.

If no changes have been made, please include the following:

Proof of Home Owners Insurance: _____

Please note that if Insurance Renewal differs from due date of Short-Term Rental Permit, that it is the home owner's responsibility to provide Rabun County with that information as soon as possible.

Sworn to and subscribed before me this _____ day of _____, 20____.

Notary Public

(SEAL)

The written application for a rental certificate on file with the Rabun County Board of Commissioners shall be a permanent record which the certificate holder must maintain current with correct information at all times. The failure to maintain a current application shall be grounds for revocation of a rental certificate.
