



Beaufort County Planning & Zoning Department

Multi Government Center • 100 Ribaut Road
Post Office Drawer 1228, Beaufort, SC 29901-1228
OFFICE (843) 255-2170

SHORT-TERM RENTAL PROCEDURES AND ZONING PERMIT APPLICATION PACKAGE



Beaufort County Planning & Zoning Department

Multi Government Center • 100 Ribaut Road
Post Office Drawer 1228, Beaufort, SC 29901-1228
OFFICE (843) 255-2170

SHORT-TERM RENTAL ZONING PERMIT PROCESS

(Please refer to the Beaufort County Zoning Map for your property prior to applying)

PROCEDURES FOR SPECIAL USE PERMIT: (MOST APPLICANTS WILL FOLLOW THIS SCHEDULE)

Short-term rentals are allowed as **SPECIAL USES** if located in Unincorporated Beaufort County in the following zoning districts: (T2 Rural), (T2 Rural Low), (T2 Rural Neighborhood), (T2 Rural Neighbor Open), (T2 Rural Center), (T3 Edge), (T3 Hamlet Neighborhood), (T3 Neighborhood), (T3 Neighborhood Open), (T4 Hamlet Center), (T4 Village Center), (T4 Hamlet Center Open), (T4 Neighborhood Center), (C3 Neighborhood Mixed Use).

- Step 1 - Applicant shall contact Lisa Anderson at (843) 255-2171 or by email lisaa@bcgov.net for an appointment for a Pre-Application Meeting.
- Step 2 - Applicant shall fill out all required applications for SRT (Staff Review Team) for Conceptual Review. **(A plot plan showing the location of the rental unit/house and required parking will be required at this step).** Pictures showing the house, parking, and access to the property shall be submitted at this time as well and include the Fire Safety Standards Form.
- Step 3 - After satisfactory staff review, Applicant shall apply to the Zoning Board of Appeals for a Special Use Permit and attend the Zoning Board of Appeals meeting as scheduled.
- Step 4 - Upon the decision of the Zoning Board of Appeals, if approved the applicant will be issued a Zoning Permit.
- Step 5 - Applicant may then apply to the Business License Department for applicable Business Licenses.

PROCEDURES FOR PERMITTED USE PERMIT:

Short-term rentals are allowed as **PERMITTED USES** if located in Unincorporated Beaufort County in the following zoning districts: (C4 Community Center Mixed Use), (C5 Regional Center Mixed Use).

- Step 1 - Applicant shall contact the Zoning Department to schedule a meeting with the Zoning Administrator at (843) 255-2170.
- Step 2 - Applicant shall submit all requirements as listed in the Zoning Permit Application. Pictures showing the house, parking, and access to the property shall be submitted along with the Fire Safety Standards Form.
- Step 3 – Once Zoning Permit has been issued, the Applicant may then apply to the Business License Department for applicable Business Licenses.

PLEASE NOTE: Short-term Rentals will not be permitted within the MCAS Airport Overlay District Clear, APZ-1, APZ-2 and NoiseZone 3.

Short-Term Rental Application

Owner Information:	
<i>First Name:</i>	<i>Last Name:</i>
<i>Mailing Address:</i>	
<i>Home/Cell Phone</i>	
<i>Email Address:</i>	
Applicant Information (if not being submitted by owner)	
<i>First Name:</i>	<i>Last Name:</i>
<i>Mailing Address:</i>	
<i>Home/Cell Phone:</i>	
<i>Email Address:</i>	
Short-Term Rental Property Information	
<i>Address:</i>	
<i>PI N:</i>	
<i>Zoning:</i>	
<i>Type of Dwelling Unit to be used as a Short-Term Rental (e.g. single-family home, principal dwelling unit, accessory dwelling unit etc):</i>	
<i>Maximum Number of Bedrooms to be used for Short-Term Rentals:</i>	
<i>Number of Parking Spaces Provided Onsite (required parking shall comply with Article 5.5.40 - Parking Space Required):</i>	
<i>Maximum Number of Guests:</i>	
<i>Is the Short -Term Rental Owner Occupied (circle one):</i> <i>Yes</i> <i>No</i>	

Notes:

- After receiving a Zoning Permit for a Short-Term Rental, a **Business License shall be obtained** prior to offering, advertising, or providing Short-Term Rental Properties for lodging.
- The advertisement of a Short-Term Rental shall include the County issued Zoning Permit Number and Business License Number.
- Tax Assessments of the property may change due to its partial use as a Short-Term Rental Property.
- Zoning Permits for all Short-Term Rentals must be renewed annually, on or before April 1st of each year (An annual renewal application shall be submitted each year for Zoning approval prior to renewing the business license).
- See the Beaufort County Community Development Code (Section 4.1.360) for all Short-Term Rental Property Zoning requirements.
- Signage advertising Short-Term rentals is prohibited in Residential Zoning Districts.

By signing this application, I certify that I understand and will comply with the Short-Term Rental Property requirements contained in the Beaufort County Community Development Code, and that required information has been submitted and is accurate.

Property Owner Signature (required): _____ **Date:** _____

Applicant Signature (if not the owner): _____ **Date:** _____

OFFICE USE ONLY

Amount Received _____ Cash Check# _____

Permit Specialist/Planner's Signature Date

SHORT-TERM RENTAL ZONING PERMIT APPLICATION FEES	
A. Short-Term Rental Permit (Special Use): <i>Zoning Permits for STRs will not be issued until/unless the Site Plan Review application is approved, and the Board of Zoning Appeals approves the Special Use application, and all fees are paid.</i>	\$300.00 Zoning Fee
B. Short-Term Rental Permit (Permitted Use): <i>Zoning Permits for STRs will not be issued until/unless the Site Plan Review application is approved, and all fees are paid.</i>	\$200.00 Zoning Fee

DEVELOPMENT APPROVAL APPLICATION (PERMIT)
RECORDED COVENANT AFFIDAVIT

Explanation:

This form complies with a state law that took effect on July 1, 2007 (South Carolina Code of Laws Section 6-29-1145) that requires all planning agencies to ask each applicant if recorded covenants exist that prohibit the requested activity. If such a covenant exists, the agency shall not issue the permit until written confirmation of its release is received. The release must be through the action of an appropriate legal authority.

I, _____ have researched the restrictive covenants applicable to Parcel Identification Number/s (PIN#) _____ located at (address) _____, and have found that either there are no restrictive covenants applicable to the subject property/properties or that the proposed application is not contrary to, does not conflict with, and is not prohibited by any of the restrictive covenants, as specified in South Carolina Code of Laws, *Section 6-29-1145*.

Section 6-29-1145

- (A) In an application for a permit, the local planning agency must inquire in the application or by written instructions to an applicant whether the tract or parcel of land is restricted by any recorded covenant that is contrary to, conflicts with, or prohibits the permitted activity.
- (B) If a local planning agency has actual notice of a restrictive covenant on a tract or parcel of land that is contrary to, conflicts with, or prohibits the permitted activity:
- (1) in the application for the permit;
 - (2) from materials or information submitted by the person or persons requesting the permit; or
 - (3) from any other source including, but not limited to, other property holders, the local planning agency must not issue the permit unless the local planning agency receives confirmation from the applicant that the restrictive covenant has been released for the tract or parcel of land by action of the appropriate authority or property holders or by court order.

(Signature)

(Date)

(Clearly Print Name)

(Phone Number)

**BEAUFORT COUNTY
COMMUNITY DEVELOPMENT CODE
--FIRE SAFETY STANDARDS APPROVAL FORM--**

APPLICANT (DEVELOPER) NAME, ADDRESS: _____ ZONING DISTRICT: _____

TELEPHONE: _____

PROJECT NAME: _____ TYPE: _____ LOCATION: _____

DISTRICT# MAP# PARCEL#: _____ #LOTS/UNITS: _____ DENSITY: _____

LAND AREA _____ BUILDING AREA _____ HEIGHT: (FINISHED GRADE TO ROOF EAVES) _____

OF BUILDINGS: _____ HEIGHT: (FINISHED GRADE TO BOTTOM OF HIGHEST WINDOW) _____

FIRE DISTRICT: _____ FIRE OFFICIAL: _____ COUNTY FIRE OFFICIAL: _____

BASED ON A REVIEW OF THE SITE PLAN AND INFORMATION SUBMITTED BY THE APPLICANT, I HEREBY

APPROVED APPROVED WITH CONDITIONS DISAPPROVED FINAL

FIRE OFFICIAL

COUNTY FIRE OFFICIAL

DATE

CONDITIONS:

CERTIFICATION OF COMPLIANCE

DATE INSPECTION REQUESTED

ZONING/DEVELOPMENT PERMIT

BASED ON AN INSPECTION OF THE SUBJECT PROJECT:

- THE FOLLOWING DEFICIENCIES OR CORRECTIONS ARE NOTED AND MUST BE ADDRESSED

- THE COMPLETED PROJECT IS IN COMPLIANCE WITH THE FIRE SAFETY STANDARDS OF THE BEAUFORT COUNTY COMMUNITY DEVELOPMENT CODE.

FIRE OFFICIAL

COUNTY FIRE OFFICIAL

DATE

SHORT-TERM RENTAL SAFETY CHECKLIST

Name: _____

Address: _____

Phone Number: _____

Email: _____

- The property address must be installed on the exterior of the home in a location that faces the road. The address numbers must be at least 3 inches in height.
- A fire safety plan shall be posted on each level of the home and inside each bedroom. The fire safety plan shall include the following information:
 - Floor Plans identifying the locations of the following Exits, Primary Evacuation Routes, Secondary Evacuation Routes, Portable Fire Extinguishers.
- Smoke Alarms are required to be installed in the following locations:
 - In every bedroom
 - Outside of every bedroom
 - On every level of the home
- Smoke detectors more than 10 years old shall be replaced.
- Carbon Monoxide alarms shall be installed in the following locations: Outside every bedroom on every level of the home. If the home uses only electric power and has no fuel fired appliances, then carbon monoxide detectors are not required.
- Dial 911 for Fire, Police or Medical Emergencies. Address Posted with calling procedures.
- Name and phone number of an emergency contact for the property.
- Gas/heating appliances (hot water heater/HVAC/etc.) must have 36 inches of clearance. (No storage for 3 feet.
- A portable fire extinguisher must be present on every level of the home. a minimum size of 2A10BC is required.
- Fire Extinguisher(s) shall be serviced annually by an approved company.

By Signing below, I acknowledge completion of the checklist and have ensured that the structure meets all the Required fire and life safety code requirements as a condition of the rental permit application.

Printed Name: _____

Signature: _____

Date: _____

FIRE DISTRICT CONTACTS

☼ LADYS ISLAND/ST. HELENA FIRE DISTRICT

FIRE MARSHAL - JOHN NORTON
OFFICE # - 843.525.7692
EMAIL: norton@staff.lishfd.org

☼ SHELDON FIRE DISTRICT

ASSISTANT CHIEF – DALE GLASS
OFFICE# 843.846.9221
EMAIL: chiefdglass403@yahoo.com

☼ BURTON FIRE DISTRICT

FIRE MARSHAL – CAPTAIN DANIEL BYRNE
OFFICE # 843.255.8011 OR 843.255.8012
EMAIL: byrned@burtonfd.org

☼ BLUFFTON TOWNSHIP FIRE DISTRICT

FIRE MARSHAL – DAN WILTSE
OFFICE # 843.757.2800 OR 843.548.4353
EMAIL: wiltse@blufftonfd.com

☼ DAUFUSKIE ISLAND FIRE DISTRICT

FIRE MARSHAL – NICK KELLERMEYER
ADMIN ASST. – ERIN QUINN
OFFICE # 843.785.2116
EMAIL: DIFDFireMarshal@gmail.com

☼ FRIPP ISLAND FIRE DISTRICT

FIRE MARSHAL – JOSH HORTON
OFFICE # 843-575-1600
EMAIL: joshhorton@fipsd.org