



## BEAUFORT COUNTY BUSINESS SERVICES

P. O. Drawer 1228

Beaufort, SC 29901-1228

[www.beaufortcountysc.gov](http://www.beaufortcountysc.gov)

[businesslicenses@bcgov.net](mailto:businesslicenses@bcgov.net)

### Rental Requirements

When renting a property, the owner or owner's designee will be required to obtain the following:

#### **Short-Term Rentals - if renting short-term please complete the following steps:**

1. Complete the Short-Term Rental Application, and email to the Zoning/Planning Department [hillarya@bcgov.net](mailto:hillarya@bcgov.net) any questions call 843-255- 2170. Please note, it is the owner's responsibility to assure they are following all other requirements for fire or safety inspections as instructed by Zoning/Planning Department. The unit should not be used as a short-term rental until all requirements are met.
2. **If approved complete the following steps:**

Complete the Rental Accounts Only Form, and scan to [businesslicenses@bcgov.net](mailto:businesslicenses@bcgov.net), any questions call 843-255-2270. If you are using a rental or third-party company to rent the property, please make sure they are listed on the application.

If you will rent the property on your own, you are required to obtain a SC Department of Revenue Retail License for the accommodations account. Apply at <https://dor.sc.gov/tax/accommodations>

When renting to transient accommodations you are responsible for collecting the 10% transient accommodations tax: 2% state accommodations tax, 5% sales tax, 3% local accommodations tax. The retail license location number for unincorporated Beaufort County is 1007.

3. **If not approved, you can complete the following steps if applying for a Special Use:**

Review the attached regulations to apply for a Special Use, and proceed as

4. **Long -Term Rentals – if renting long term please complete the following steps:**

Complete the Rental Application, and Clearance package, once completed submit to Business Services.

BEAUFORT COUNTY PLANNING / ZONING DEPARTMENT

SHORT TERM RENTAL PERMIT



Please complete the following information:

PROPERTY OWNER NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PROPERTY PARCEL ID:   R  \_\_\_\_\_

(PLEASE INCLUDE PARCEL AS LISTED ON TAX NOTICE)

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone # \_\_\_\_\_

Once the information above is completed submit application to the Planning / Zoning Department

THIS SECTION TO BE COMPLETED BY THE PLANNING / ZONING DEPARTMENT

The Community Development Division is responsible for all registration, approvals, or inspections and renewals of STRP Permits according to Community Development Code section 4.1.360 Short-Term Rentals.

SHORT TERM RENTAL PERMIT # \_\_\_\_\_

Approved by:

Employee name: \_\_\_\_\_ Date: \_\_\_\_\_

- Short Term Rental Permit Issued
- Exempt from Short Term Rental Process

Comments: \_\_\_\_\_

**Registration.** All STRPs require a Short-Term Rental Property (STRP) Permit and Business License. Upon adoption of this Ordinance, STRPs will have 60 calendar days to submit applications to comply with the provisions of this Article. The Planning / Zoning Department will advise on any safety or fire inspections required when issuing the STRP.

**Application Submittal Requirements.** No application for a STRP shall be accepted as complete unless it includes the required fee and the information listed below.

- a. The name, address, email, and telephone number of all property owners of the Short-Term Rental Property (STRP).
- b. Completed Short-Term Rental Property application signed by all current property owner(s). For properties owned by corporations or partnerships, the applicant must submit a resolution of the corporation or partnership authorizing and granting the applicant signing and authority to act and conduct business on behalf of and bind the corporation or partnership.
- c. Restricted Covenants Affidavit(s) signed by the applicant or current property owner(s) in compliance with state law.
- d. Address and Property Identification Number of the property on which the STRP is located.
- e. The type of Dwelling Unit(s) that is proposed to be used as a STRP including, but not limited to, Principal Dwelling Unit, Accessory Dwelling Unit, Single-Family Detached, Single-Family Attached, Manufactured Housing Unit, and/or Multi-Family, and documentation of Short-Term Rental Property (STRP) Permit and Building Permit approvals for the structures, as applicable.
- f. The maximum number of bedrooms in the Dwelling Unit(s) proposed to be used as a STRP.

**Annual Short-Term Rental Property (STRP) Permit Renewal.**

- a. Short-Term Rental Property (STRP) Permits for all STRPs must be renewed annually.
- b. Renewals of Short-Term Rental Permits are through the Planning / Zoning Department

ONCE APPROVED BY PLANNING / ZONING DEPARTMENT

COMPLETE AND SUBMIT THE BUSINESS LICENSE APPLICATION ALONG WITH APPROVED STRP

Questions, please contact Planning / Zoning Department at 843-255-2170



**BEAUFORT COUNTY BUSINESS SERVICES**

P.O. DRAWER 1228

PHONE: 843-255-2270

BEAUFORT, SC 29901-1228

FAX: 843-255-9411

[www.beaufortcountysc.gov](http://www.beaufortcountysc.gov)

**Rental Accounts Only**

BL# \_\_\_\_\_

YEAR \_\_\_\_\_

Legal Name of Business: \_\_\_\_\_

DBA - Doing Business As: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact if different than owner: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell \_\_\_\_\_ E-mail address: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Date Business Started in county: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location:  LONG TERM  SHORT TERM

OWNERSHIP TYPE:  SOLE PROPRIETOR  CORPORATION  PARTNERSHIP  LIMITED LIABILITY COMPANY

Address of rental property: \_\_\_\_\_

FEIN # \_\_\_\_\_ Social Security # \_\_\_\_\_ SC Retail # \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_ STATE ISSUED \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

IF BUSINESS IS OWNED BY A CORPORATION, ASSOC, OR OTHER ENTITY, PLEASE LIST NAME AND TITLE OF OFFICERS BELOW:

OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

Is this business an affiliate of a holding or parent company? Y\_\_\_ N\_\_\_ If YES, name of parent company \_\_\_\_\_

Estimated gross receipts for the year: \$ \_\_\_\_\_

**(STAFF USE ONLY)**

a. Gross Receipts		a.
b. Business License Tax (minimum rate for first \$2,000 in revenue)		b.
c. Additional gross divided by 1,000 x (incremental rate)		c.
d. Calculated license Tax (add lines a thru line c)		d.
e. Credit card Fee		e.
f. Total License Tax Due (add lines d & e)		f.

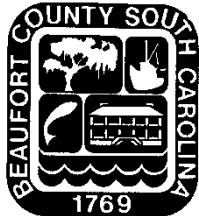
I certify under oath that the information given in this license application is true, that the gross income is accurately reported, or estimated for a new business, without any unauthorized deductions, and that all assessments, fees, licenses, business property taxes, and any other charges due and payable to the County have been paid. I have obtained County permits and am in compliance with all regulatory codes of Beaufort County. I understand the County ordinance provides for penalty and license revocation for making false or fraudulent statements on this application.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADMINISTRATIVE USE ONLY**

DATED ACCEPTED: \_\_\_\_\_ STAFF NAME: \_\_\_\_\_ STRP #: \_\_\_\_\_ NAICS: \_\_\_\_\_

VERIFIED: ID: \_\_\_\_\_ PERSONAL PROPERTY TAX FORM: \_\_\_\_\_ LOCAL ATAX \_\_\_\_\_



## COUNTY COUNCIL OF BEAUFORT COUNTY

### Beaufort County Planning & Zoning Department

Multi Government Center • 100 Ribaut Road  
Post Office Drawer 1228, Beaufort, SC 29901-1228  
OFFICE (843) 255-2170  
FAX (843) 255-9446

### PROCEDURES FOR APPLYING FOR SPECIAL USE SHORT-TERM RENTAL PERMIT

Short-term rentals are permitted in the Unincorporated Beaufort County in the following zoning districts as **SPECIAL USES** – T2Rural, T2Rural Low, T2Rural Neighborhood, T2Rural Neighbor Open, T2Rural Center, T3Edge, 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.

Short-term rentals are **PERMITTED USES** in the following zoning districts – C4 Community Center Mixed Use, C5 Regional Center Mixed Use.

Presently Short-term Rentals are not permitted within the Community Preservation Zoning Districts

#### **SPECIAL USES:**

1. Applicant shall contact Lisa Anderson at 843.255.2171 to be placed on the Staff Review Team's Agenda for a Pre-Application Meeting.
2. Applicant shall apply to the Staff Review Team for Conceptual/Recommendation Review. (See Conceptual Application)
3. Applicant shall apply to the Zoning Board of Appeals for a Special Use Permit. Meeting dates and time will be submitted to the Applicant at the conceptual meeting.
4. Applicant shall attend the Zoning Board of Appeals meeting as scheduled.
5. Upon approval of the Special Use, applicant shall submit the ZBOA's Notice of Decision to the Building Codes Department for Building Permits to install any needed requirements.
6. Upon approval and Certificate of Occupancy, Applicant shall submit the approval in order to receive the Zoning Permit.
7. Applicant shall then apply to the Business License Department for applicable Business Licenses.

#### **PERMITTED USES:**

1. Applicant shall contact the Zoning Department to schedule a meeting with the Zoning Administrator at 843.255.2170.
2. Applicant shall submit all requirements listed on the Zoning Permit Application.
3. Applicant shall submit the Zoning Permit to the Building Codes Department for building permits to install any needed requirements.
4. Upon approval and issuance of the Certificate of Occupancy, applicant shall apply to the Business License Department for applicable Business Licenses.

**PLEASE NOTE:** As a part of the submission for Conceptual Approval, applicant shall submit applicable Covenants and Restrictions for review.

Short-term Rentals will not be permitted within the MCAS Airport Overlay District Clear, APZ-1, APZ-2 and Noise Zone 3.