



Carroll County Department of Community Development

997 Newnan Road
P.O. Box 338

Carrollton, GA 30117
(770) 830-5861

APPLICATION FOR A SHORT TERM RENTAL LICENSE

Step 1: Have Map Room Staff complete the **Parcel Information Sheet**.

Step 2: Complete the application below and submit it, along with the Parcel Information Sheet and appropriate fees to Community Development for review.

I: Property Information

Address: _____ City: _____ State: _____ ZIP: _____

Tax Parcel ID#: _____

Number of Bedrooms: _____

Number of Parking Spaces: _____

II: Owner Information

Name: _____ Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

III. Agent Information

Name: _____ Phone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____



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The following stipulations are required for the administrative approval of a Short Term Rental License. Requests that are denied because they do not meet the stated requirements, as determined by the Director of Community Development, or their designee, may be appealed to the Carroll County Community Development Appeals Board. I do hereby certify that the information provided in this document has been explained to me. I understand that the following are requirements for a Short Term Rental License in Carroll County.

Please initial:

- _____ The Carroll County Short Term Rental License expires on December 31st of each year.
- _____ Fee for the Carroll County Short Term Rental License is \$200.00 annually. An occupational tax certificate is also required. Short term rentals are also subject to applicable state and local taxes, including the hotel/motel tax.
- _____ The Short Term Rental License is not transferable. If the owner or agent changes, the owner or agent shall notify the Carroll County Community Development Department within 30 days of such change.
- _____ The Short Term Rental must have sufficient off-street parking. The number of vehicles allowed is limited to one vehicle per bedroom.
- _____ Vehicles shall not be parked on the County right-of-way or along any roadways at any time and shall be parked only on designed hard surfaced areas with gravel, concrete, or asphalt surfacing, and shall not be permitted outside such hard-surfaced areas (i.e. no parking in yards).
- _____ Short term rentals require a site inspection once every five years by the county fire marshal to ensure compliance of life safety codes and regulations. Written fire marshal approval must be submitted to this office.
- _____ Proof of liability insurance shall be provided.
- _____ Maximum occupancy is two adults per bedroom. Maximum occupancy is determined by the fire marshal.
- _____ The Short Term Rental Agent or Owner shall keep his or her name and emergency phone number posted in a readily visible place in the short term rental unit.
- _____ Written rules shall be posted in the short-term rental unit, including acknowledgment that it is unlawful to allow or make any noise or sound that exceeds the limits set forth in Carroll County's noise control ordinances. The short term rental unit owner or agent is encouraged to provide a noise monitoring device.
- _____ All other county ordinances must be followed, including all nuisance and code enforcement regulations. Any violation may result in a conviction which will add to the accumulated convictions noted below.
- _____ When a Short Term Rental Agent, Owner, or location has accumulated three code enforcement convictions, the County shall revoke any short term rental license for the short term rental owner, short term rental agent, or short term rental location, and reject all applications for the short term rental owner, short term rental agent, or short term rental location for a period of 12 consecutive months.
- _____ Short terms rental locations shall not have signage.

Approval or denial of this application shall be made within thirty (30) days of the receipt of a complete application. The applicant shall be notified in writing or by telephone of the approval or denial of the application.

Applicant's Signature

Date

Director of Community Development or designee

Date



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STATE OF GEORGIA
COUNTY OF CARROLL

AFFIDAVIT FOR AN SHORT TERM RENTAL LICENSE

_____, personally appeared before me, the undersigned officer, duly authorized to administer oaths in the State of Georgia and, having been duly sworn, sets forth the following statements for the purpose of being granted approval for an Short Term Rental License under the Ordinances of Carroll County:

The information contained within the application attached hereto and filed in the Department of Community Development consists of facts within my personal knowledge that I know are true and correct, and will be relied upon by officials of Carroll County in making a decision whether to issue this Application, License, Permit, or other Department approval.

On behalf of the Applicant, I declare that the Applicant, regardless if a partnership, corporation, or other organization or entity that is receiving a benefit under this Application, License, Permit, or other Department approval (whichever is applicable) is not delinquent in the payment of any taxes or fees due Carroll County.

FURTHER AFFIANT SAYETH NOT.

I declare under penalty of false swearing that the above is true and correct.

This ____ day of _____, _____.

AFFIANT (signature)

Address: _____

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

Notary Public

My Commission Expires:

If Affiant is authorized to sign on behalf of a partnership, corporation, or other organization or entity, please set forth the entity and address

Entity: _____
Address: _____



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PARCEL INFORMATION SHEET
APPLICATION FOR ZONING COMPLIANCE CERTIFICATE
To be filled out by Map Room Personnel in Room #414

| | | | |
|---|--|--------------------|--|
| DEPARTMENT STAFF/MAP ROOM OFFICIAL: | | | |
| MAP: | | LAND LOT: | |
| PARCEL: | | DISTRICT: | |
| CURRENT PROPERTY OWNER: | | | |
| PROPERTY OWNER AS OF JANUARY 1 ST : | | | |
| APPLICANT (IF DIFFERENT FROM OWNER): | | | |
| PROJECT ADDRESS: | | | |
| CITY: | | | |
| TELEPHONE NUMBER: | | | |
| SUBDIVISION: | | LOT #: | |
| ACREAGE: | | PARCEL SPLIT FROM: | |
| CURRENT ZONING CLASSIFICATION | | | |
| REQUIRED SETBACKS | | FRONT | |
| | | SIDE | |
| | | REAR | |
| CERTIFICATE OF ZONING COMPLIANCE – CHECKLIST <input type="checkbox"/> Owner(s) & Agent (if applicable) <input type="checkbox"/> Legal Description or Adequate Description of Property <input type="checkbox"/> Complete Inventory of Existing Structures (noting uses & non-conforming structures) <input type="checkbox"/> Complete Inventory of Proposed Structures <input type="checkbox"/> Complete Inventory of Existing Uses and/or Activities <input type="checkbox"/> Applicant's Certification Signature of County Planner or Designee: _____ Date: _____ Comments: _____ | | | |
| CDP COMPLIANCE <input type="checkbox"/> YES <input type="checkbox"/> NO | Signature of CDP Administrator or Designee: _____ Date: _____ Comments: _____ | | |
| PLAT APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO | Signature of County Engineer or Designee: _____ Date: _____ Comments: _____ | | |
| APPROVED FOR NEW ADDRESS <input type="checkbox"/> YES <input type="checkbox"/> NO | Signature of County Planner or Designee: _____ Date: _____ Comments: _____ | | |



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BUILDING AND FIRE PLAN REVIEW

Date: _____

Business/Building Name: _____

Address: _____

Business Phone: (____) _____ Business Email: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Applicant Name: _____

Applicant Phone: (____) _____ Applicant Email: _____

Type of Business/Activity: _____

Alcohol Served: _____

Number of Seats: _____ ☐ Fixed ☐ Moveable

Number of Stories: _____ Above Grade: _____ Below Grade: _____

The following require approval from the State of Georgia Fire Safety Commissioners Office prior to Carroll County Approval. Please submit documentation with application.

- Buildings or structures 4 or more stories in height
- Buildings 3 or more stories in height used by 3 or more families as residences
- **Buildings with more than 15 sleeping accommodations for hire**
- Personal Care Homes with more than 7 beds for non-family adults and subject to D.C.H. Licensure
- Schools of grade 1-12 having more than 15 students in attendance at any given time
- All State funded kindergarten programs
- Academic, Administrative, and public assembly buildings of Colleges, Universities, and Vocational/Technical schools
- Health care centers, orphanages, convalescent, and old age homes
- Racetracks, stadiums, and grandstands
- Places of Assembly (occupant load of more than 300 or more than 100 serving alcohol)
- Places of worship with an occupant load of 500 or more in a common area or 1000 or more total occupant load
- Department stores and/or retail mercantile establishments having gross floor area of 25,000 square feet or having 3 or more floors open to the public
- Group day-care and/or day care facilities licensed by D.H.R. as follows:
 - Group day care having 7 to 12 children
 - Day care having more than 12 children
- Hospitals, jails, penal institutions, reformatories, mental health institutions, and nursing homes

COMMUNITY DEVELOPMENT USE ONLY

Date: _____ Application/ Permit Number: _____

| | | | | | |
|--|--------------------------|-----|--------------------------|----|-------------------------------------|
| CDP Project: | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | CDP Staff Approval: _____ |
| State Fire Review Attached: | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | If no, date received: _____ |
| Local Fire Official Consultation Required: | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | Local Fire Official approval: _____ |



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Carroll County Fire Rescue Plan Review

Name of Business: _____

Address of Business: _____

Owner Name
and Phone #: _____

Builder Name
and Phone #: _____

What type of
Business or Activities
will be taking place: _____

If a Church,
Number of seats: _____

If a Church, will
there be any type
of school or Pre-K
activities: _____

Number of seats: _____

If serving Alcohol