



APPLICATION FOR SHORT TERM RENTAL-FANNIN COUNTY

FANNIN COUNTY LODGING DEPARTMENT

400 WEST MAIN STREET, SUITE 100 BLUE RIDGE, GA 30513

Maria Bowers 706-258-5171

Margie Thompson 706-258-5170

WHEN SUBMITTING THIS APPLICATION PLEASE PROVIDE A COPY OF YOUR DEED

Registration Date: _____

Property owner's name: _____

Business Name or DBA: _____

Number of properties offered as Short-term rentals in Fannin County? _____

Owners Mailing Address: _____

City: _____ St: _____ ZIP: _____

Telephone # _____ Cell# _____

Email address: _____

Who did you purchase this property from? _____

Date you purchased this property _____

Short Term Rental Property address: _____

City: _____ Parcel # _____

Local point of contact name: _____

Address: _____ Cell # _____

Email Address _____

Who remits your lodging tax: _____

Market Place facilitator: Name _____

Management Company: Name _____

Property Manager contact phone: _____

Tax compliance Co: Name _____

SHORT-TERM RENTAL STANDARDS AND GENERAL REQUIREMENTS:

Number of dwellings units on this property: _____

Number of bedrooms per unit: _____

Maximum Occupancy per unit: _____

E-911 Address markers installed at STVR location YES: _____ NO: _____

STVR\ information worksheet attached: YES: _____ NO: _____

Owner Deed Attached: YES: _____ NO: _____

ALL FORMS MUST BE IN PDF FORMAT AS AN ATTACHMENT:

New Certificate fee: \$225.00

Owner Transfer Fee \$ 50.00

Owner or authorized agent signature required. An authorized agent may only be the representative of a licensed management company under contract with the owner. In making this application, you confirm the owner has read all the ordinances that pertains to Short-Term Rental understands and agrees to comply with the terms listed in the Ordinances of Fannin County, Georgia, to include the Environmental Health and Habitat Protection Ordinance. Also, note renting without the certificate is subject to \$1000.00 fine.

This information will be made available to the office of the Fannin County Tax Assessors for the purpose of assessing personal tax in accordance with the provisions of O.C.G.A. 48-2-16 and 48-13-50 through 48-13-63.

Signature of Owner: _____

Printed name: _____

Management Company Contact: _____

Printed Name: _____

ALL FORMS MUST BE PROVIDED EITHER IN PERSON OR BY EMAIL (IN PDF FORMAT), TO

mthompson@fannincountyga.org

CABIN INFO WORKSHEET

In Case of Emergency: Dial 911

Property Address: _____ **Acct # :** _____

Emergency Contact Information: _____

Local Point of Contact Name: _____

Email Address: _____ **Phone #** _____

Nearest Hospital closest to your property:

Blue Ridge Medical Center

2855 Old Hwy 5

Blue Ridge, GA 30513

Or: _____

Maximum Occupancy:

This Short-Term Vacation Rental (STVR) is permitted to host a **maximum of**
_____ **overnight guests.**

Exceeding this occupancy limit is a violation of the Fannin County STVR Ordinances.

You can review the following documents online at:

www.fannincountyga.com (Lodging forms and information)

- **Fannin County Noise Ordinance**
- **Short-Term Rental (STVR) Ordinance**
- **State & County Emergency Management Information**
- **Habitat & Environmental Ordinance**

This form is required to be completed, prior to approval of Certificates and is required to be placed in the rental.