

**DAWSON COUNTY, GEORGIA**

**Planning & Development**

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**SHORT TERM RENTAL AFFIDAVIT AND PERMIT**

**SHORT TERM RENTAL DEFINED:** Shall mean a single family residential dwelling for rent for a period of less than thirty (30) days per renter. Typically an owner’s vacation home or second home offered for vacation rentals to guests for a fee.

**SHORT-TERM RENTAL PERMIT REQUIREMENTS:**

1. Only one rental residence is allowed per parcel
2. Must obtain a permit from the Dawson County Planning and Development Department
3. Must remit all applicable hotel/motel taxes as necessary and required by law
4. Parking must be provided off-street for a minimum of two (2) vehicles
5. Maximum occupancy is limited to two (2) persons per bedroom plus two (2) additional persons per household from 11 pm to 8 am. Copy of floor plan, showing room locations.
6. Short Term Rental requirements:
  - a. The permit shall include the name and phone number of the owner and operator who is available 24 hours a day seven days a week to respond to complaints regarding the operation or occupancy of the short term rental unit.
  - b. The permit shall include a notarized statement signed by the owner/operator that the sort term rental shall be in compliance with these regulations.
  - c. Proof of ownership is required at time of permitting.
  - d. Short term rental structure must have a Certificate of Occupancy or a Short-Term Rental Engineer Form prior to issuance of permit.
  - e. Unless revoked the short term rental permit is valid for one (1) year from the date of issuance of the permit.
  - f. If the permit is revoked or denied it may be appealed to the Board of Commissioners.

IS YOUR PROPERTY LOCATED IN A SUBDIVISION?       YES       NO  
 IF YES, ARE THERE SUBDIVISION COVENANTS?       YES       NO  
*Subdivision covenants supersede county permissive uses for Short Term Rentals.*

I \_\_\_\_\_ (*print name*) do hereby swear and affirm that I have read and understand the requirements for operating a Short Term Rental and that I will insure compliance with all governing regulations.

911 Address of Rental Property: \_\_\_\_\_

Tax Map and Parcel Number: \_\_\_\_\_

Owner’s Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

24 hour contact (Name and number):  
\_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary

\_\_\_\_\_  
My Commission Expires