

Office of the County Assessor  
843.958.4100



3875 Faber Place Drive, Suite 100  
North Charleston, SC 29405- 8547

**SHORT TERM RENTAL CERTIFICATE: CITY OF CHARLESTON ORDINANCE**  
**(Do NOT email or fax this form- an original signature is required)**

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

PARCEL ID: \_\_\_\_\_

OWNER NAME(S): \_\_\_\_\_

DATE YOU WILL BEGIN (OR ACTUALLY BEGAN) OPERATING THE SHORT TERM RENTAL: \_\_\_\_\_

1. How many separate dwelling units are on this property? \_\_\_\_\_
2. What is the total number of bedrooms on this property? \_\_\_\_\_
3. How many rooms will be used by STR guests for sleeping? \_\_\_\_\_
4. Attach the complete floor plans, drawn to scale, for the building(s) where the STR unit(s) will be located with all rooms labeled (living, kitchen, dining, bedroom, bathroom, stairs, etc.) and all doorways shown. This plan should clearly note the rooms that will be used for STR use and the rooms that will be used by the property owner solely for their own occupancy and residence.

Using a property as a Short Term Rental will affect your ability to fully qualify for the 4% Legal Residence exemption. Any part of the property that will be used as a STR will be assessed at the 6% rate. Per SC Code of Laws 12-43-220 ***"If a change in ownership or use occurs, the owner who had qualified for the special assessment ratio allowed by this section shall notify the assessor of the change in classification within six months of the change."*** Use as a short term rental is a change in use. Filing this certificate will serve as your written notice that you intend to change the use.

**By signing this certificate you are certifying that you are aware that this will affect your 4% Legal Residence ratio and you are also certifying that this is the same floor plan that was submitted to the City Of Charleston with your Short Term Rental Application.**

Owner's Name(s) print legibly: \_\_\_\_\_

Daytime phone number(s): \_\_\_\_\_

Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions, call the Assessor's Office at 843-958-4100**

\*\*\*\*\*

<p><b>FOR OFFICE USE ONLY:</b> Confirmed: • Yes • No      By: _____ Date: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
---