

TOWN OF BLOWING ROCK SHORT-TERM RENTAL PERMIT APPLICATION

Department of Planning and Inspections PO Box 47, Blowing Rock, North Carolina 28605 828-295-5240 Fax 828-295-0357

www.townofblowingrocknc.gov email: planning@townofblowingrocknc.gov

A. Owner & Property Information

Owner:		
Address:		
		(m)
Email:		
Property Information:		
Property PIN #:		Property Zoning District:
Property Address:		Property Phone Number:
B. Designated Owner Representative:		
Name:		
Address:		
Phone (w)	(h)	(m)
Email:		
Designated Owner Representative Signa	ture:	Date:

- I understand that the designated representative must be a local person or management professional who is on call to manage the rental during any period which the rental is occupied and must respond to complaints or emergencies within 2 (two) hours. It is my responsibility to contact the Town of Blowing Rock within 30 days if there is a change of owner representative.
- It is recommended that a sign be posted on the property identifying the designated owner representative's name and number for neighbors to call if there is a concern. A sign permit is not required; however only one sign with an area not to exceed 2 square feet is permitted. Please check with this office for signs for multi-family buildings.

C. Compliance with all Town Ordinances:

• Short-term rental occupants are required to comply with all Town ordinances. It is recommended that the owner representative provide information to occupants about the following Town of Blowing Rock ordinances dealing with trash, recycling and noise (see hand-out).

D. Parking:

• Sufficient off-street parking must be provided for each bedroom to be rented. The parking space must meet the minimum dimensional requirements in section 16-20.6. Short-term rental units that exist on June 30, 2018 are grandfathered with respect to parking but each bedroom added after this date requires additional parking space(s).

E. Safety Issues:

- The dwelling unit must be equipped with operable smoke detectors and carbon monoxide detectors consistent with NC Building Code.
- The 911 address must be posted on the front of the house or dwelling with 3.5-inch reflective numbers according to section 7-17 of the Town Code. In addition, the complete 911 address must be clearly posted in the interior of the dwelling unit for tenants use in the case of an emergency.

F. Collection and remittance of all applicable sales and lodging (occupancy) taxes:

I understand that any tenancy of fewer than 90 days is subject to all taxpayer responsibilities as set forth at NCGS 153-155A, *uniform provisions for room occupancy taxes*, particularly the responsibility to collect and to remit all applicable sales and lodging taxes. Said taxes are due and payable to the Town of Blowing Rock, PO Box 47, Blowing Rock NC, 28605, by the 20th day of the month following the first day of the tenancy. The occupancy tax rate is currently 6% of gross rental receipts. I hereby confirm that I have established or will establish an occupancy remittance account with the Town of Blowing Rock. To establish an occupancy tax remittance account please email administration@townofblowingrocknc.gov or call 828-295-5200.

G. NC Vacation Rental Act

• I understand that short-term rentals (rentals of fewer than 90 days) are governed by the NC Vacation Rental Act, NCGS Chapter 42A, a copy of which is attached.

H. Permit Revocation:

• Permits may be revoked upon repeated substantiated complaints resulting in violations of Town Code related to noise, trash, pets, parking, etc. If the town receives three (3) complaints within one (1) year that lead to violations of the Town Code, the permit may be revoked for a period of one (1) year.

I. Permit Renewal

• Permits are valid for one year and must be renewed by July 1st of each year.

J. Rental Agencies & Online Booking Sites

Please list all agencies and/or online sites that list or advertise this property: ______

Please sign and date below and return to our office with a check for \$100.

I (we) the undersigned, represent that the Short-Term Rental Permit for which I am applying meets all the criteria as set forth herein. Failure to comply with these short-term rental requirements, particularly with Section E (Safety Issues) may result in revocation of this Short-Term Rental Permit.

Printed Owner Name	Owner Signature	(Date)
2 Printed Owner Name	Owner Signature	(Date)
B Printed Owner Name	Owner Signature	(Date)

STAFF USE ONLY								
Received by:	_ Date:	Fee:	_ Check#:	_ Permit#:				