

FOR CITY USE ONLY:

STR License No. _____
Application date _____
Approved Date _____
Expiration Date _____



CITY OF SKY VALLEY
3608 HIGHWAY 246
SKY VALLEY, GA 30537
706-746-2204

SHORT TERM RENTAL APPLICATION

PROPERTY

Street Address _____
Listing Websites _____
Number of Legal Bedrooms _____ Tax Parcel # _____
Number of Bathrooms _____ Zoning (if applicable) _____
Number of Off-Street Parking Spaces _____

OWNER

Name _____
Address _____ Phone # _____
Alternate Phone # _____ Email Address _____

**APPLICANT/
AGENT**

Name _____
Address _____ Phone # _____
Alternate Phone # _____ Email Address _____

**DESIGNATED
CONTACT**

Name _____
Address _____ Phone # _____
Alternate Phone # _____ Email Address _____

ACKNOWLEDGEMENTS

Initial _____

I have reviewed and understand the requirements of the City of Sky Valley Short Term Rental. (STR) ordinance

Initial _____

The short-term rental property seeking a STR license is in compliance with all standards and Requirements of the STR ordinance as well as all other Federal, State, and local ordinances.

Initial _____

Life safety equipment to include but not limited to smoke and carbon monoxide detectors and fire extinguishers are provided, functional, and located in a conspicuous location inside the property dwelling unit.

Initial _____

Per city ordinance, 911 house numbers must be fastened to a separate post or sign, between three and five feet in height, at the street, not more than ten feet from the driveway entrance

Initial _____

The Sky Valley STR information sheet (provided by the City) is posted in a conspicuous location on the property.

Initial _____

Certify that all information provided herein is true and correct and that any violation of the STR ordinance may include but not be limited to warning(s), fine(s), and revocation of the STR license.

**SIGN &
DATE**

Owner Signature

Date