



CITY OF FAIRBURN
SHORT TERM RENTAL PERMIT APPLICATION

191 SW Broad Street, Fairburn, GA 30213
(770) 964-1441

(STR) Property Address Number & Street Name City State Zip

(STR1) Owner Name Phone ( )

(STR2) Owner Name Phone ( )

(STR1) Owner mailing address If different from above

(STR2) Owner mailing address If different from above

(STR1) E-Mail Address

(STR2) E-Mail Address

Federal Employer ID Number (FEIN #) Georgia Sales & Use Tax #

LOCAL CONTACT PERSON

Name of Local Contact Person Home Address City State Zip

Home Phone Number Cell Number E-mail Address

Number of Bedrooms Approx Square Footage Maximum Number of Overnight Occupants

- Attach a diagram showing the layout of the property and any on-site parking available;
Attach approved commercial permit in cases where the short-term rental has an on-site septic system, an approved commercial permit from the Environmental Health Division of the Fulton County Board of Health is required.

IMPORTANT ALONG WITH THIS APPLICATION, PLEASE SUBMIT ORIGINAL GOVERNMENT ISSUED PHOTO ID ON ALL OWNERS), GREEN CARD (if applicable), ZONING VERIFICATION AND BUILDING INSPECTION FORMS (Issued by the Planning & Zoning/Building Officials Offices) AND ANY OTHER REQUIRED DOCUMENTATION. ALL THESE ITEMS MUST BE SUBMITTED BEFORE THE PERMIT AND BUSINESS LICENSE CAN BE ISSUED.

For office use only

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# Short Term Rental Permit Application Sworn Acknowledgment Form

Short Term Rental Property Address: \_\_\_\_\_

Short Term Rental Owner Name(s): \_\_\_\_\_  
\_\_\_\_\_

Short Term Rental Local Contact Person: \_\_\_\_\_

I/We acknowledge that the short term rental property referenced above is in compliance with the following requirements:

- An informational notice clearly visible and legible is located at the front (inside) door of the subject property as required by the Short Term Rental Ordinance, Article VIII. Section 14-366. The notice contains the following information:
  1. The name of the owner and local contact person of the short-term rental and a telephone number at which that party may be reached on a 24-hour, 7 days a week, basis;
  2. The name and address of the nearest hospital;
  3. The maximum number of overnight occupants and/or daytime guests permitted to be at the short-term rental;
  4. The maximum number of vehicles allowed to be parked on the property, including a sketch of the location(s) of the on-site parking spaces;
  5. The trash pickup day [a notification that trash and refuse shall not be left or stored on the exterior of the property unless it is placed in a curbside container, and a notification that the curbside container shall not be placed sooner than dusk on the day prior to the pickup day, and must be removed within a reasonable time following collection]; and
  6. The times that quiet hours are to be observed per the Noise Ordinance regulations.
  
- The closest ten (10) surrounding property owners that are located on both sides, directly to the rear, and directly across the public right-of-way of the short term rental property has been notified by letter and provided the following information:
  1. Name and contact information of the local contact person and/or owner(s) of the short term rental;
  2. Location of any on-site parking for the short-term rental guests or occupants, and
  3. Maximum occupancy requirements
  
- As the owner(s) and local contact person for the short term rental property referenced above, I have read all regulations pertaining to the operation of a short term rental and agree to perform the duties specified in Article XIII. Short Term Rental Ordinance.

\_\_\_\_\_  
Short Term Rental Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Short Term Rental Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Short Term Rental Local Contact Person Signature

\_\_\_\_\_  
Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

SEAL

\_\_\_\_\_  
Notary Public