

PERMIT – Zoning “Short-Term Rental” Conditional Use

(Revised March 2025)

Date: _____

REQUEST:

Conditional Use X

{Administrative Section to complete}

(Req. for all Short-Term Rentals)

■ Location Zoning _____

Variance Required _____

FEE: \$ 300.00 Paid Y / N

(Mark all that apply)

Rezoning Required _____

This application applies to any property making application to become a short-term rental within the municipal limits of Chimney Rock Village. Property uses for this application for: “Short-Term Rental,” VRBO, AirBnB or any other rentals of a property for a period of less than 90 days. (This does not apply to hotels, motels or similar but contact Zoning Administrator to determine if your property requires a Conditional Use Permit for Short-term Rentals.)

Notes: This application is for a Conditional Use Permit and the final permit, upon approval, attaches to the property. Upon any future sale of or transfer of ownership of any property within three years of initial permit issuance, as a “Short-Term” Rental, the permit may be renewed and extended automatically. If more than three years since issuance, this permit will terminate, and the new owner will be required to resubmit an application for review and approval prior to the continued use of the property as a short-term rental. Zoning Administration will advise.

POST TS HELENE STATEMENT: This application follows the reinstatement of Short-Term Rentals within the municipal limits of Chimney Rock Village post TS Helene. Effective September 27, 2024, all Conditional Use Permits were terminated due to the extreme damage from the TS Helene. Therefore, there are no active Conditional Use Permits. All properties that were permitted are required to make a new application and be considered for a new Conditional Use Permit. Any property that does not have a Conditional Use Permit for Short-Term Rental is required to have a Conditional Use Permit. No property may operate as a short-term rental without a Conditional Use Permit issued by Chimney Rock Village.

Please note that this process may take up to 90 days, requires two public hearings and all documents required or requested must be received prior to consideration.

APPLICANTS NAME: _____

(Property Owner Name if self-managing and Firm/Company Name if contracted to manage.)

Is the applicant the owner of the property? YES / NO

If not, are you the property management Company? YES / NO

*If property managed by a property management company, Name of Firm and an active NC Real Estate License is required, please provide Corporate or Agent’s Licensed Name:

_____ and the NC Lic. Number: _____

FIRM CONTACT AGENT NAME AND ALL CONTACT INFORMATION. Please include Agent's name, Name of any back-up agent, and the immediate cell number and email address for all that may participate in the management of this property:

PROPERTY MANAGEMENT FIRM/AGENT:

I, _____ as a NC ACTIVE Licensed Real Estate agent (and/or Firm) will be managing and representing the property and property owner(s) named within this application for its operations as a Short-term Rental.

SIGNATURE: _____
(Agent and/or Broker in Charge) Date

If Property Management Company, please have owner review this permit application and all proposed documents, support information and other pertinent data submitted with application and add their signature designating their approval of your representation and proposed use for their property.

I, as the owner of the property, am applying for a Conditional Use Permit for Short-term Rental management of my property, hereby acknowledge, and agree that the named firm is managing my property, and that all information is correct and complete.

Owner Signature: _____
Print Name: _____
Address: _____

City: _____ State: _____
Phone: (____) ____ - ____ Email: _____

ADDITIONAL SPACE FOR OTHER INFORMATION OR DETAILS REGARDING THE MANAGEMENT OF THE PROPERTY:

If yes, please explain in detail the damage and the work being done to the structure or to the land/lot to restore the property:

(ADDITIONAL PAGES AS NECESSARY FOR ANY QUESTIONS AND ATTACH TO APPLICATION.)

PROPOSED SHORT-TERM RENTAL EXPLANATION OR DETAILED NARRATIVE FOR REQUEST:
(Please include the number of proposed rental units, number of parking spaces, etc. and any other updates or changes required for the property): _____

GENERAL STANDARDS AND Required/Requested Attachments for Application:

- Please prepare and include a detailed narrative of the project.
 - (See above, add pages as necessary for any requested information)
- Survey or Tax Map of lot/land showing the Location of structure on property providing all measurements for setbacks to streets, to the property lines (front, sides, and rear), show the location and number of parking spaces (requiring one per two legal bedrooms), and any other details that may be requested.
- Please Provide the Number of Bedrooms, Bathrooms, and approximate heated square footage of structure(s) and number of parking spaces provided within the boundary of the property. If utilizing parking spaces which are not within the property boundary, you need an agreement in writing with that property owner for the use of another’s property for parking for your short-term rental. Please include a map showing your property and the location of any off-site parking allocated for your property and a copy of the parking agreement.
- Sketch or graphic drawing(s) showing any request for changes on designs to structure(s). If changes are due to damage or changes to the structure, the property, or the land/lot, please share these details and the needs requested. This includes porches, decks, garages, or any structural aspects on the property.
- Copy of sewer and water services actively being provided or proof of an operational septic system and well operation. (Or evidence of the operational condition of utility services serving the property. Utility bills, or letters from Health Dept.)

- **Copy of application and/or recognition for the participation in the Rutherford County Tourism Development Authority – Room Tax Program. This is required by Rutherford County Ordinances and the Village will need confirmation of the property’s participation in the Rutherford County Room Tax Program annually.**
- **All Conditional Use Permits for Short-term Rentals are required to be registered annually with the Village for continued operations as a Short-term Rental. If not registered with both Chimney Rock Village and the Rutherford County Department of Revenue for room tax collections, the permit will be terminated immediately, and penalties and other measures may be taken to either terminate or to reinstate the short-term rental.**
- **This application must be completed fully with all attachments included. It will not be considered by the Zoning Administrator, the Planning Board, or the Village Council until all required or requested information is provided. Please have all the appropriate required people sign this application. (As this application may require being signed by the Owner and/or the Property Management Company both.)**
- **Any other requested diagrams, sketches or documents may be required by the Zoning Administrator, the Planning Board, or the Village Council.**

Please see online the Chimney Rock Village CODE OF ORDINANCES for zoning and guidelines and regulations affecting Conditional Use Permits for Short-term Rentals.

***Go to Chimneyrockvillage.gov ... Then open ONLINE Documents and Go to TITLE XV**

STATEMENT BY APPLICANT:

I attest that all documents provided are true and correct. I understand that providing incorrect information may cause this permit and any associated permits to be denied or an issued permit to be revoked. I further understand that the application may require time for reviews or public hearings as prescribed by law or ordinance and immediate review and approval may not be possible.

Process may take up to 90 days from the date the Village receives all required and or requested documents and information.

Applicant Signature: _____
 Print Name (Title as applicable): _____

Applications may be submitted by mail or email:

Chimney Rock Village
 Zoning Administration
 P.O. Box 300
 Chimney Rock, North Carolina 28720

Or by Email to: ChimneyRockVillagegov@gmail.com

THIS SECTION TO BE COMPLETED BY ZONING THE ZONING ADMINISTRATOR:

Current Zoning for Property: _____

Administrative Review REQUIRED:

YES / NO (or) **Requires Recommendation to Planning Board**

- Approved / Denied As Recommended by Zoning Administrator
- **Zoning Administrator Recommendation and notes to Planning Board:**

- See attached details (as necessary)

Requires Planning Board Review and Village Council Approval: YES / NO

Planning Board Recommendation: _____

Any Conditions: _____

See Attached Notes for Details.

Public Hearing(s) Required: YES / NO

- Public Hearing Date(s):
 - Planning Board Public Hearing: _____
 - Village Council Public Hearing: _____

Chimney Rock Village Council Review and Consideration Date: _____

Approved / Denied

(Attach any requirements or explanations attached)

ZONING ADMINSTRATOR: _____ **DATE:** _____

NOTES:

Attach additional pages as necessary: