



# SHORT TERM RENTAL CERTIFICATE OF COMPLIANCE

Please provide the following information

I/We, \_\_\_\_\_, as  
Owners of the below described property, hereby apply to the Department of Planning and Community Development, County  
of Franklin, to offer our property for rent on a Short-Term basis (less than thirty (30) days) as herein described:

NEW APPLICATION \_\_\_ Y/ \_\_\_ N (if yes, is the dwelling currently being rented \_\_\_ Y/ \_\_\_ N)

APPLICANT'S NAME(S): \_\_\_\_\_  
(list real estate company, agency, property manager, etc...if applicable)

PROPERTY OWNER'S NAME: \_\_\_\_\_  
(if different from applicant)

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICAL / 911 ADDRESS OF RENTAL  
(if different from mailing address) \_\_\_\_\_

DESCRIPTION / NAME OF PROPERTY: \_\_\_\_\_  
(as described in listing – Example: THE WATER HOUSE OR LISTING MAP #)

IF WATERFRONT, MARKER / BUOY NUMBERS (described in listing, if any) \_\_\_\_\_

TELEPHONE #: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CELL PHONE # (if applicable): \_\_\_\_\_ EMAIL: \_\_\_\_\_

TAX MAP / PARCEL #: \_\_\_\_\_ ZONING: \_\_\_\_\_

SUBDIVISION & LOT #: \_\_\_\_\_ SIZE OF PROPERTY \_\_\_\_\_ (acres)

TYPE OF DWELLING: \_\_\_ Single-Family \_\_\_ Multi-family \_\_\_ Two-Family or Duplex \_\_\_ Manufactured Home

NUMBER OF: #BEDROOMS \_\_\_ #BATHROOMS \_\_\_ #KITCHENS \_\_\_ #FIREPLACES \_\_\_  
(in dwelling / from listing) #BOATDOCKS, PIERS, ETC. \_\_\_

FINISHED BASEMENT: \_\_\_ Y / \_\_\_ N

COPY OF LISTING (must be included with submission of certificate) \_\_\_ Y / \_\_\_ N

DIRECTIONS TO PROPERTY FROM ROCKY MOUNT: \_\_\_\_\_

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**Sec. 5.5-72. Short Term Rentals**

The following general regulations apply to all short-term tourist rental of residential dwellings:

- (a) The use of the dwelling unit for short-term rentals shall be primarily for residential purposes related to tourism or vacationing.
- (b) There shall be no change in the outside appearance of the dwelling or premises, or other visible evidence of the conduct of such short-term rentals.
- (c) There shall be no more than two (2) adults per bedroom occupying the dwelling at any one time. An adult, for the purpose of this regulation, is any person over the age of three (3). The number of bedrooms in dwellings relying upon septic tanks and drain fields for sewage disposal shall be determined by reference to health department permits specifying the number of bedrooms for which the supporting system was designed. A notice shall be clearly posted in the dwelling indicating approved occupancy of the dwelling.
- (d) All vehicles of tenants shall be parked in driveways or parking areas designed and built to be parking areas. In the case of multifamily dwellings, all vehicles must be parked in spaces specifically reserved for the dwelling unit being rented.
- (e) All boats of tenants shall be parked on the lot on which the dwelling is located. In the case of multifamily dwellings boats must be parked in areas specifically reserved for the dwelling unit being rented.
- (f) Noise generated off the lot or off the premises shall be in no greater volume or pitch than normally expected in a residential neighborhood.
- (g) A type 2A-10BC fire extinguisher shall be mounted on the wall in common area or kitchen on each floor in the dwelling. Smoke detectors must be installed and functioning properly in every living area and bedroom within the dwelling. Each bedroom shall comply with building code requirements for egress. An evacuation plan shall be provided in the home and clearly visible to renters.
- (h) The owner of a dwelling used for short term rental shall give the county written consent to inspect any dwelling used for short-term rental to ascertain compliance with all the above performance standards. An annual inspection shall be performed by the County.

**NOTICE TO APPLICANTS**

1. In no case shall an approved certificate of compliance for short-term rentals be construed as evidence that the property or structure(s) is safe for rental occupancy. The property owner shall give a copy of the following statement to any prospective renter or occupant: "Franklin County does not have a minimum property maintenance code, and therefore no building code inspections shall be conducted for the purposes of short-term rental uses. "
2. A certificate of compliance for short-term rentals shall not be granted if no certificate of occupancy and/or no septic permit is submitted to the department with the application.
3. Homeowner(s) should ensure that the structure is covered by a liability policy that covers accidents to visitors to the property. Franklin County makes no assurance of liability nor does the County assume any liability for accidents that may occur to occupants or visitors under the auspices of the short-term rental certificate.

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I/We certify that I/We have read and understand the above regulations for short-term rentals.

APPLICANT'S NAME(S): \_\_\_\_\_  
(list real estate company, agency, property manager, etc...if applicable)

PROPERTY OWNER(S) NAME: \_\_\_\_\_  
(if different from applicant)

Signature of Applicant(s): \_\_\_\_\_

Signature of Owner(s): \_\_\_\_\_

**(Signature of applicants/owners will serve as written consent for the County to conduct an annual inspection of the dwelling to ascertain compliance with all performance standards listed in the regulations.)**

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**Copies of the following documents to be provided with Application:**

Septic Permit # \_\_\_\_\_ Approved for Number of Bedrooms \_\_\_\_\_

Certificate of Occupancy: \_\_\_\_\_ Date: \_\_\_\_\_

Having made application for a Certificate of Compliance to offer Short-Term Rentals on Tax Map & Parcel # \_\_\_\_\_ is the above-referenced property compliant with all performance standards as set forth under Section 25-138 of the Franklin County Zoning Ordinance? \_\_\_Y / \_\_\_ N

\_\_\_ Approved / \_\_\_ Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

**Notification sent to:**

- \_\_\_ Commissioner of Revenue Date: \_\_\_\_\_
- \_\_\_ Director of Public Safety Date: \_\_\_\_\_
- \_\_\_ Director of Virginia Department of Health Date: \_\_\_\_\_
- \_\_\_ Fire Marshall Date: \_\_\_\_\_