

Planning & Development Department

803-329-5586 / Amy.Britz@cityofrockhill.com

Physical (By Appointment Only): 155 Johnston Street, Rock Hill, SC 29730

Mailing: PO Box 11706, Rock Hill, SC 29731-1706

www.cityofrockhill.com



SHORT-TERM RENTAL PERMIT RENEWAL APPLICATION INSTRUCTIONS

RESPONSIBILITY TO RENEW

It is your responsibility to renew your short-term rental permits and business license through our online application portal prior to April 30th each year. If you fail to do so before the deadline any year, you will lose the permit if the property is not zoned with one of the below zoning districts, or you will be required to apply for a new permit if the property is zoned with one of the below zoning districts.

- Mixed Use (MX)
- Neighborhood Office (NO)
- Neighborhood Commercial (NC)
- Limited Commercial (LC)
- General Commercial (GC)
- Community Commercial (CC)
- Commercial Industrial (CI)
- Downtown (DTWN)
- Mixed Use Corridor (MUC)

To see what the subject property is zoned, use the City's [GIS maps](#).

RENEWAL PROCESS

A. To renew your short-term rental permit:

1. Submit the renewal application and all associated documents in PDF format through our Online Services website at www.cityofrockhill.com/onlineservices.
2. We will email you an invoice for a \$200 renewal application fee.
3. City staff will review your application and send comments back to the designated contact person on the application within approximately 10 business days. If the application materials must be revised or supplemented, use the [Plan Resubmittal Instructions](#) to guide you about that process.

B. Renew your [business license](#) using [this online portal](#). For more information: businesslicense@cityofrockhill.com or 803-325-2647.

Please note that units located in zoning districts *other than* those listed above are required to cease operating after April 30, 2029. No short-term rental permit renewals will be issued to those units for operation after that date.

REMINDERS

1. The local accommodation tax rate is 3%. This is separate from the state accommodation tax. It is due by the 20th of the month for the previous month. For more information: [Local Accommodations Tax Webpage](#)
2. While all relevant provisions from the [Zoning Ordinance \(PDF\)](#) will apply to short-term rental uses, you can find the regulations that are specific to short-term rentals in these sections:
 - **Chapter 4: Land Use: Primary Uses** (see the Table of Primary Uses and the use-specific standards and descriptions sections)
 - **Chapter 8: Development Standards—Parking Section** (see the table with minimum number of parking spaces)
 - **Chapter 10: Nonconformities** (see the nonconforming short-term rentals section)

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The short-term rental permit renewal application must be completed by the short-term rental host.

Address of proposed short-term rental: _____, Rock Hill, SC

Host name: _____ Phone: _____

Mailing address: _____ Email: _____

Legal Business Name: _____ Doing Business As Name: _____

Check any areas that have changed since last year and complete the associated information.

Online marketing

Platform: _____ Property #: _____ Name of listing: _____

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Platform: _____ Property #: _____ Name of listing: _____

Number of bedrooms: How many bedrooms does the unit have now? _____

Number of parking spaces: How many parking spaces does the unit have now? _____

Property ownership: If you no longer own the property, provide a letter from the current property owner authorizing the use.

Property owner name: _____ Phone number: _____

Mailing address: _____ Email: _____

Owner occupation: If you lived on the property as your primary residence last year, but now live elsewhere, you must do one of the following:

Live within 15 miles of the City limits of Rock Hill and be willing to accept phone calls at all times of the day at the above phone number to address any issues with the short-term rental.

Provide the following information for a designated responsible agent who lives within 15 miles of the City limits, who is willing to take phone calls at all times if needed to address issues with the short-term rental use, and who is authorized to accept service of process on behalf of the owner of said unit:

Name: _____ Phone: _____

Mailing address: _____

Deed Restrictions/Restrictive Covenants: Are there any deed restrictions or restrictive covenants that apply to this property which are contrary to, conflict with, or prohibit the permitted activity being requested?

Yes No

Certifications: I certify that I have completely read this application and instructions, that I understand all it includes, and that the information in the application and the associated documents is correct.

Signature _____ Date _____