



Short-Term Rental Registry

Annual Application



**Albemarle County
Community Development**
401 McIntire Rd. North Wing
Charlottesville, VA 22902
Phone 434.296.5832
www.albemarle.org

Prior to opening for business, all operators of short-term rentals (including [homestays](#) and previously approved bed and breakfasts and accessory tourist lodging rentals) must:

- Enroll on the Short-Term Rentals Registry with this form
- Obtain an approved [zoning clearance](#) (requires VDH and building/fire safety inspection)
- Register for a [business license and remit required taxes](#)

Annually following the initial approvals, all operators of short-term rentals must:

- Renew their enrollment on the registry with this form
- Pass a [fire safety inspection](#)
- Renew their [business license and remit required taxes](#)

Fields marked with an *asterisk are the minimum required for registration.

1. Short-Term Rental Information

A *whole house rental* is a short term rental of a home during which the owner is not required to be present. *Whole house rentals* are only permitted on Rural Area parcels of 5+ acres.

*APPROVED HOMESTAY (HS), BED AND BREAKFAST (BNB), OR ACCESSORY TOURIST LODGING (ATL) CLEARANCE PERMIT NUMBER (IF APPLICABLE):			
*ADDRESS:			
*CITY, STATE, ZIP:			
TAX MAP PARCEL (IF KNOWN):		ZONING (IF KNOWN):	
GUEST BEDROOMS:		WHOLE HOUSE RENTAL:	<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Property Owner/Operator Information

*NAME:			
*HOME ADDRESS:			
*CITY, STATE, ZIP:			
PHONE:		EMAIL:	

3. Responsible Agent Information

The *responsible agent* must be available within 30 miles of the homestay at all times during a homestay use, and must respond and attempt in good faith to resolve any complaints within 60 minutes of being contacted.

OWNER/OPERATOR IS RESPONSIBLE AGENT:	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, COMPLETE RESPONSIBLE AGENT INFORMATION BELOW
NAME:		
HOME ADDRESS:		
CITY, STATE, ZIP:		
PHONE:		EMAIL:

FOR OFFICE USE ONLY

Fee Amt: <input type="checkbox"/> \$30 <input type="checkbox"/> \$0 with clearance application	Date Paid: ___ / ___ / ___	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Receipt #: _____	Ck #: _____	Reviewed by: _____
Received by: _____	Registration Date: ___ / ___ / ___	