



GALLATIN PLANNING DEPARTMENT SHORT-TERM RENTAL PERMIT

Regulations

1. Apply for a permit with the city and pay a business tax to operate such a unit as a short-term rental unit(s) and be required to renew the permit and pay the business tax yearly as required by Chapter 8, Article V, Gallatin Code of Ordinances.
2. Prior to beginning operation, each short-term rental unit(s) first shall be inspected by the fire marshal and re-inspected each year upon renewal of the city business tax.
3. Upon sale of the property, *the owner/operator shall notify the city of the sale of such property and operation as a short-term rental unit(s) shall terminate.*
4. A Caretaker or Local contact person, designated by the operator and authorized to make decisions pertaining to the use, shall be available twenty-four (24) hours per day, seven (7) days per week for the purposes of:
 - a. Physically responding, as necessary, within *one (1) hour of notification* of an emergency or complaint regarding the condition, operation, or the disruptive conduct of occupants of the short-term rental unit, and taking remedial action necessary to resolve any complaints.
 - b. A designated contact person may be the owner, the lessee, or the owner's agent.
5. The owner or operator of a short-term rental unit(s) established after adoption of this Ordinance on October 19, 2021 shall provide the following improvements necessary to support the use and restrict the use as follows:
 - a. Permit no more than two residents or guests per bedroom, but shall not exceed twelve (12) persons. Each bedroom shall consist of a minimum of 140 square feet and contain a separate but attached closet space. The occupancy restrictions shall be posted in a conspicuous place within the short-term rental unit.
 - b. Provide proof of liability insurance to the City for the property being utilized as a short-term rental unit.
 - c. Property owner must provide a copy of the business license for the short-term rental unit(s).
 - d. Short-term rentals shall require rental of the units for no less than twenty-four (24) continuous hours.
 - e. Provide hard-surfaced or dust free gravel parking spaces at ratios required and displayed below. No parking shall be permitted on unimproved surfaces. Owner must provide a site plan/plot plan showing the provided parking for the short-term rental.

<i>Residential Use Types</i>	<i>Minimum Required Parking</i>	<i>Maximum Required Parking</i>
Short-Term Rental Unit	1 space per 1000 sq. ft. of living space or one space per bedroom whichever is greater	1 space per 500 sq. ft. of living space or 1.25 spaces per bedroom whichever is greater

The City of Gallatin ensures that no person or groups of persons shall, on the grounds of race, color, sex, religion, national origin, age, disability, retaliation or genetic information, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any and all programs, services, or activities administered, its recipients, sub-recipients, and contractors. To request an accommodation and/or an alternate format, please contact JamiAnn Hannah, ADA/504 Coordinator at 615-230-0681, or Tennessee Relay Services by dialing 7-1-1.

Date Submitted: / /	Tax Map #:	Group:	Parcel:
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Location of proposed Short-Term Rental Unit (“STRU”):

Address _____ Zip _____ Zoning District _____

1. What is the Operator’s relationship to the STRU? Check all that apply.
 Owner Resident Lessee Other—Please Describe _____

2. What type of dwelling is the STRU?
 Single Family Home Duplex or Townhouse Garage Apartment Condominium
 Apartment in Apartment Building Carriage House
 Other—Please Describe _____

NOTE: If the Operator is a business entity, provide below the name, address, email address, and phone number of the entity’s contact person. Also, attach proof that the entity is in good standing with the Tennessee Secretary of State.

Operator: _____

Address:

City:	State:	Zip Code:
Phone: ()	Contact:	
Fax: ()	Email:	

Property Owner:

Address:

City:	State:	Zip Code:
Phone: ()	Contact:	
Fax: ()	Email:	

Local Contact/Caretaker:

Address:

City:	State:	Zip Code:
Phone: ()	Contact:	
Fax: ()	Email:	

Applicant Notes or Special Conditions:

Planning Departments Notes or Special Conditions:

Applicant’s Signature:	Date:
Property Owner’s Signature:	Date:
Planning Division Approval:	Date: