## JEFFERSON COUNTY, TENNESSEE SHORT TERM RENTAL APPLICATION

STR Operating Nam	e: Address:
STR Owner Name:	
Address:	City, State, ZIP:
Phone #:	Email:
STR Representative	(must be located within 2 hours of property):
Address:	City, State, Zip:
Phone #:	Email:
Alternate Phone #:	Alternate Phone #:
Jefferson County Bu	usiness License Local Account Number:
STR rental type (sel	ect all that apply) Direct Bookings Online Marketplace
Maximum Occupar	cy: Number of Sleeping Rooms: Maximum Parking Spaces:
Sewage System:	Subsurface sewage disposal system (BR Rating)
	Non-traditional sewage system (BR Rating)
	Municipal sewer system (BR Rating)
\$250.00 application permit is approved indemnify, defend,	nentioned items to be true and correct to the best of my knowledge and agree that my a fee is non-refundable. Additionally, I acknowledge and agree that in the event a and issued by the County, the owner assumes all risk relating to the STR and shall and hold the County and its employees, agents, officials, and representatives agente County's approval of the permit, the maintenance of the STR Unit, and any other e STR Unit.
Applicant:	Date:

## **Short-Term Rental Permit Program Info:**

- A Short-Term Rental Permit is required for operations of short-term rental units within the unincorporated areas of Jefferson County as of November 1, 2025.
- A Short-Term Rental Permit shall be valid for 12 months from the date of issuance and renewal applications shall be submitted in the month the permit was originally issued.
- Operating without a permit may be assessed a penalty of \$50/day.

<sup>\*</sup>Issuance of a Jefferson County STR Permit does not authorize operation of an STR in areas where there may be deed restrictions, HOA restrictions, or restrictive covenants, etc.\*

## **Short Term Rental Application Submission Checklist**

Please	provide as evidentiary proof:
1.	Legal Owner status
2.	Current Property Tax Payments
3.	Current Jefferson County Business License
4.	Current Certificate of Insurance
5.	A concept plan or drawing, indicating the subject property, the building(s) on the site intended
	for use as an STR Unit(s), proposed parking and guest access.
6.	A narrative and/or drawing with the following:
	A. A description of the area available for STR (i.e., the entire property and, and the residential
	dwelling unit or portion thereof etc.).
	<ul><li>B. A description of the floor plan.</li><li>C. A description of the number of sleeping rooms for rental.</li></ul>
	D. A description of the locations of required Life Safety Equipment consisting of smoke alarms,
	carbon monoxide detectors, and fire extinguishers.
	E. The maximum number of Occupants and guests to be accommodated at one time.
	F. The days of operation (all year, just holidays, weekend/weeknights, etc.).
	G. How trash will be handled, and the method of informing Occupants about the proper method of disposal.
	H. Disclosure and location of cameras and recording equipment installed on the exterior of the STR Unit and premises as outlined in Section 2L.
7.	Written certification from the County Environmental Health Department- Ground Water
	Division of the capacity of the subsurface sewage disposal system and number of bedrooms said system may serve. If the STR is served by a non-traditional sewage system, the STR Owner must provide written certification from the County Environmental Health- Ground Water Division and
	the utility system managing said non-traditional system of the capacity of the non-traditional sewage disposal system with respect to the number of bedrooms in the STR served by the
	nontraditional system. If the STR is served by a municipal sewer system, the STR Owner must provide written certification from the County Environmental Health-Ground Water Division with
	respect to the number of bedrooms in the STR served by the municipal sewer system.
8.	Affidavit from a Tennessee Certified Codes Inspector according to Sections 2J.
9.	Affidavit of Life Safety Compliance according to Section 2K.
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## LIFE SAFETY COMPLIANCE VERIFICATION FORM

The Applicant and Owner, if not Applicant, certify compliance by signing below as follows:

Verification of number and locations are required for the entire property, even those areas or rooms that are not available for occupancy as part of the Short-Term Rental Unit. Every smoke and carbon monoxide alarm must function properly with the alarm sounding after pushing the test button. Smoke alarms must meet Underwriters Laboratory (UL) 217 standards and must be installed inside sleeping rooms, outside sleeping rooms and within 15 feet of the door of all bedrooms, and on each story, including basements. Carbon monoxide alarms must be within 15 feet of the door of all bedrooms. There must be at least one (1) operable fire extinguisher in the Short-Term Rental Unit.

Number and location(s) of smoke alarms:				
Number and location(s) of carbon mono	oxide alarms:			
Number and location(s) of fire extinguish	hers:			
	nts of this form are true and correct to the best of my knowledge fully operational. I also agree to maintain this equipment in fully			
operational condition at all times and re	place it, should it stop functioning properly. I acknowledge that			
the county reserves the right to verify the	e placement and operation of the equipment by inspection.			
OWNER:	Representative:			
Signature	Signature			
Printed Name	Printed Name			
 Date	Date			

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