

JEFFERSON COUNTY, TENNESSEE

SHORT TERM RENTAL

GRANDFATHERED APPLICATION

STR Operating Name: _____ 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 Business License Local Account Number: _____

I certify the above-mentioned items to be true and correct to the best of my knowledge and agree that my \$250.00 application fee is non-refundable. Additionally, I acknowledge and agree that in the event a permit is approved and issued by the County, the owner assumes all risk relating to the STR and shall indemnify, defend, and hold the County and its employees, agents, officials, and representatives harmless concerning the County's approval of the permit, the maintenance of the STR Unit, and any other matter related to the 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.

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 Grandfathered Status Application

Submission Checklist

To qualify for grandfather status, please submit the following:

1. ☐ An active Jefferson County Business License local account number for the Grandfathered STR.
2. ☐ Written documentation establishing the owner remitted taxes due on renting the unit pursuant to title 67, Chapter 6, Part 5, for filing periods that cover at least six (6) months within the twelve-month period immediately preceding the later of: (A) May 17, 2018; or (B) The effective date of this Resolution (November 1, 2025); and
3. ☐ Documentation establishing that the alleged grandfathered STR has been rented as an STR prior to the date of the passage of this Resolution (October 20, 2025).

Additionally, please provide as evidentiary proof:

4. ☐ Legal Owner Status
5. ☐ Current Jefferson County Business License
6. ☐ A narrative and/or drawing with the following:
 - A. Description of the floor plan.
 - B. A description of the locations of required Life Safety Equipment consisting of smoke alarms, carbon monoxide detectors, and fire extinguishers.
 - C. Disclosure and location of cameras and recording equipment installed on the exterior of the STR Unit and premises as outlined in Section 2L.
7. ☐ 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 monoxide alarms:

Number and location(s) of fire extinguishers:

By signing below, I affirm that the contents of this form are true and correct to the best of my knowledge and that the equipment noted above is fully operational. I also agree to maintain this equipment in fully operational condition at all times and replace it, should it stop functioning properly. I acknowledge that the county reserves the right to verify the placement and operation of the equipment by inspection.

OWNER: _____

Signature

Printed Name

Date

Representative: _____

Signature

Printed Name

Date

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