



TALBOT COUNTY OFFICE
OF PLANNING AND ZONING

215 Bay Street, Suite 2
Easton, MD 21601
(410)-770-8030

**REQUIREMENTS OF AN APPLICATION FOR LICENSE
SHORT TERM RENTAL**

In accordance with and under the authority of Talbot County Code, Chapter 190 enacted on
March 27, 2001 by the Talbot County Council

TO THE APPLICANT: In order for this application to be processed, ALL of the following documentation must accompany this application. Any application submitted without all of the required documentation will be returned as incomplete. **Only primary dwellings are eligible for short-term licensure. Use of guesthouses or other accessory dwellings are not permitted for short-term rental.**

- _____ File Number (Supplied by the Planning Office)
- _____ A copy of the deed to the property seeking licensure
- _____ A copy of the written lease agreement
- _____ Proof of insurance, minimum \$500,000
- _____ A copy of your notification letter
- _____ A list of the property owners and their address that received your notification
- _____ Certified mail receipts of property owners notified
- _____ An affidavit attesting compliance with building code for fire extinguishers, exits, and smoke detectors
- _____ Application fee of \$250.00 for new applications, and \$100.00 for renewals
- _____ A copy of the application to the Talbot County Health Department along with the fee of \$100 for a new application or \$75.00 for a renewal application, a water sample sent to the Health Department from a private lab. In addition, other requirements could be the findings of the septic evaluation or if the rental is on public sewer, documentation from the County Engineer that the existing connection is adequate for the proposed increase in wastewater flows.



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PLANNING OFFICE FILE NUMBER _____

ADDRESS OF RENTAL _____

TAX MAP _____ GRID _____ PARCEL _____ LOT NO. _____

TAX IDENTIFICATION NUMBER _____

DRIVING DIRECTIONS:

NAME, ADDRESS, TELEPHONE (HOME & WORK) OF PERSON SUBMITTING THIS APPLICATION

Name Address Phone h) w)

LIST ALL NAMES, ADDRESS, TELEPHONE (HOME & WORK) OF ALL HOLDERS OF RECORD TITLE

Name Address Phone h) w)

1. _____

2. _____

3. _____

RESIDENT AGENT _____ PHONE h) _____ w) _____

SQUARE FOOTAGE OF PRIMARY DWELLING _____ NO. OF BEDROOMS _____

TYPE SEWAGE DISPOSAL : PUBLIC _____ INDIVIDUAL ON-SITE _____

CERTIFICATION: I certify that all the information noted herein and in any attached documents is true and correct. I understand that in accordance with Chapter 190, Talbot County Code, the Planning Officer may decline to issue or may suspend or revoke a Short Term Rental License due to any false, inaccurate, or misrepresentation in this application or other registration. By the filing of this application, I authorize agents of the regulatory governmental agencies to enter onto my property for the purposes of performing the inspections necessary to insure compliance with all regulations, restrictions and limitations on the establishment and operation of a short-term rental property.

OWNERS SIGNATURE _____ DATE _____

OWNERS SIGNATURE _____ DATE _____

OWNERS SIGNATURE _____ DATE _____

OFFICE USE ONLY

ADDRESS OF RENTAL _____

APPROVALS:

ZONING INSPECTOR _____ **DATE** _____

PLANNING OFFICE _____ **DATE** _____

ADMIN. SERVICES _____ **DATE** _____

HEALTH DEPT _____ **DATE** _____

COMMENTS / CONDITIONS: _____
