



GARRETT COUNTY DEPARTMENT OF PLANNING AND LAND MANAGEMENT  
 203 S. FOURTH STREET, ROOM 208  
 OAKLAND, MARYLAND 21550  
 301-334-1981

Chad Fike  
 Assistant Director  
 John Groves  
 Licensing Technician

## SHORT-TERM SINGLE FAMILY RENTAL REGISTRATION AND LICENSE APPLICATION

(ALL FIELDS ARE REQUIRED; PLEASE PRINT)

PROPERTY OWNER OR  
 ENTITY NAME: \_\_\_\_\_

MAILING STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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PROPERTY MANAGEMENT  
 COMPANY: \_\_\_\_\_ OR \_\_\_\_\_

CHECK BOX IF OWNER MANAGED:

RENTAL PROPERTY  
 STREET ADDRESS: \_\_\_\_\_

RENTAL PROPERTY  
 NAME (if applicable): \_\_\_\_\_

NO. OF BEDROOMS (Circle):    1      2      3      4      5      6      7      8

(Circle below ALL that apply):

HOT TUB                      WELL (annual test required)                      SEPTIC SYSTEM                      POOL

NONE OF THE ABOVE

FEES:

NEW RENTAL REGISTRATION (this is NOT the Zoning fee)	\$50.00
2-YEAR RENTAL LICENSE	\$200.00
HEALTH DEPT. APPROVAL	\$150.00

CHECK #: \_\_\_\_\_ TOTAL ENCLOSED: \$ \_\_\_\_\_

Submit with this application a check made payable to the  
 'GARRETT COUNTY COMMISSIONERS' to the above address

OWNERS' SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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## SHORT-TERM RENTAL ZONING PERMIT GUIDELINE

Date \_\_\_\_\_ Zoning Permit (for *staff use only*) \_\_\_\_\_ Zoning District \_\_\_\_\_

Applicant Name \_\_\_\_\_

Applicant Phone \_\_\_\_\_ Applicant email \_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_

Rental Address \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_ Lot \_\_\_\_\_ Tax account # \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ (Maximum of 8 bedrooms).

Number of Bathrooms \_\_\_\_\_ Hot Tub? \_\_\_\_\_

Maximum Occupancy = \_\_\_\_\_ persons (2 persons per bedroom plus 4 additional persons)

\$50.00 Fee (payable to 'Garrett County Commissioners'): Date Paid \_\_\_\_\_ Check No. \_\_\_\_\_

Rental Agency \_\_\_\_\_ or check box if owner managed

Please read and affirm the following requirements:

- a. I agree to provide one (1) off street parking space (9' x 18') for each bedroom. For duplex, townhouse or multi-family developments that offer shared parking spaces within parking lots with at least twenty (20) spaces, the minimum parking requirement is one (1) off-street parking space for each 1.5 bedrooms. Please provide a drawing or plat showing each parking space.
- b. I agree to provide a bear proof trash container with adequate volume to accommodate the occupancy. The trash container is located \_\_\_\_\_
- c. I agree to provide weekly collection and removal of trash. Trash removal will be provided by:  
\_\_\_\_\_
- d. I agree to provide a plan for controlling audible disturbance and trespassing. The plan will inform renters that standard quiet hours are considered to be 11:00 pm to 8:00 am. A site plan of the property will be prominently displayed in the rental "welcome book" or other location to help prevent trespassing on nearby property.
- e. I understand that all living facilities must be incorporated into the principal structure and no living quarters (other than a game or recreation room) may be installed in accessory buildings.
- f. I understand that zoning approval is subject to Health Department and Public Utilities approvals.
- g. I understand that after a zoning permit is approved, all STR's must still be registered and licensed and must comply with the provisions of the Transient Vacation Rental Unit Ordinance. Additional fees are required for licensing and registration.
- h. I understand that the TVRU Ordinance requires that all STRs shall be equipped with a proper egress for each bedroom.
- i. I understand that violation of, or recurring lack of enforcement of, the above is grounds for suspension and/or revocation of a STR license.

\_\_\_\_\_  
Signature of Applicant (Landowner or Contract Vendee)

\_\_\_\_\_  
Date

Revised  
09/20/22-CEF



Garrett County Government  
 Tax Office  
 203 South Fourth Street, Room 107 A  
 Oakland, MD 21550

# Accommodation Tax Application

<https://www.garrettcounty.org/tax-office>

**Property Owner or Entity Name\***

\_\_\_\_\_

**Mailing Address\***

\_\_\_\_\_

\_\_\_\_\_

**Phone Number\***

\_\_\_\_\_

**Email Address\***

\_\_\_\_\_

**Collections of Rent By:\***

Owner  Realtor  Other

**Name/Address of Collection Agent\***

\_\_\_\_\_

\_\_\_\_\_

**Rental Property Name if Available\***

\_\_\_\_\_

**Rental Property Address\***

\_\_\_\_\_

\_\_\_\_\_

**Real Estate Property Tax Account Number\***

\_\_\_\_\_

**Number of Units\***

\_\_\_\_\_

**Start date for rentals\***

\_\_\_\_\_

**Within Incorporated Town\***

No  Yes

**If "Yes" Please Specify\***

\_\_\_\_\_

**Type of Rental\***

*Check all that apply*

Condominium

Cottage

Hotel/Motel

House

Owners' Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Room tax not applicable if rented to same individual for 30 consec days.

Rental of hotel or motel rooms, condominiums, cottages, bed & breakfasts, and any other sleeping accommodations are subject to an 8% accommodation tax.

Billings will be the first of month via your email.

\*All fields are required. Failure to provide all information will result in delay.