



The Jewel of the Chesapeake Bay  
North Beach, Maryland

8916 Chesapeake Avenue | Post Office Box 99  
North Beach, MD 20714  
410.257.9618 | 301.855.6681  
www.northbeachmd.org

## APPLICATION FOR SHORT TERM RENTAL SPECIAL EXCEPTION

Date of Application \_\_\_\_\_

### PROPERTY INFORMATION

Tax ID# \_\_\_\_\_ Year Built \_\_\_\_\_

Street Address \_\_\_\_\_ Unit # \_\_\_\_\_

Square Footage of Structure \_\_\_\_\_ Number of Kitchens \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Number of Bathrooms \_\_\_\_\_ Number of Onsite Parking Spaces \_\_\_\_\_ Square Feet of Parking \_\_\_\_\_

Proposed Rental Fees \$ \_\_\_\_\_ Daily \$ \_\_\_\_\_ Weekly \$ \_\_\_\_\_ Monthly

Expected number of days per year this unit will be rented? \_\_\_\_\_

\*A PHOTO OF THE FRONT AND REAR OF THE RENTAL PROPERTY MUST BE ATTACHED TO THIS APPLICATION.

Prior Decision by Board of Appeals \_\_\_\_\_ YES \_\_\_\_\_ NO

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

### PROPERTY MANAGEMENT INFORMATION

Do you have someone else managing this property for you? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If yes, please provide contact information below)

Name of Property Manager \_\_\_\_\_ Phone \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_



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Inspection of the proposed Short Term Rental must be completed prior to the scheduled Board of Appeals meeting. To schedule this inspection, contact the Kelley Osbourn, Administrative Assistant, at 443-646-2424. A report from the Code Enforcement Officer of the inspection must be attached to this application prior to the Board of Appeals hearing.

Compliance with Calvert County Article IV Hotel Rental Tax is MANDATORY. Copies of the Article and report form are on the Town of North Beach website at [www.northbeachmd.org](http://www.northbeachmd.org) The original Calvert County Government Public Accommodation Tax Report must be submitted monthly to Calvert County. A copy of this report should also be submitted to Town of North Beach. Failure to report could result in the recall of the Short Term Rental License.

**ZONING/SHORT TERM RENTAL: APPLICABLE SECTION OF ZONING ORDINANCE ARTICLE 3-300F**

Initial each item in this section acknowledging the condition, sign and date the application below.

Short Term Rentals: Special Exception with Conditions in Districts where indicated are subject to the following:

\_\_\_\_ Owner must apply for a Short Term Rental License and pay an additional \$250.00 for the 3 year license once the Special Exception is approved.

\_\_\_\_ The maximum number of occupants will not be more than 3 occupants per bedroom.

\_\_\_\_ NO subleasing allowed.

\_\_\_\_ Pets must be housed indoor.

\_\_\_\_ Zoning Approval will be terminated if any of the following conditions occur:

- a. Any false, inaccurate, incomplete or incorrect statement in any application, registration, renewal or filing relating to a short-term license.
- b. Any repeated infraction, disturbance, nuisance, failure to monitor or other problem or violation occurring at the premises during a short-term rental period which constitutes a threat to public safety or to an occupant of the premises; or a public disturbance or other condition or activity at the premises which, in the opinion of the Zoning Inspector, adversely affects an occupant of a neighborhood property.
- c. Failure to pay the correct amount of the Calvert County Accommodations tax.
- d. Any failure to continue to meet all of the above terms and conditions for qualifications as a vacation cottage or for qualifications for licensure for short-term rental thereof, as determined by the Zoning Inspector to suspend or revoke a short-term rental license.
- e. Any repeated violation of any Noise Ordinance of the Town.

Signature

Print

Date

**\*\*Actual License will be issued by the Administrative Assistant and is subject to all codes and regulations for Rental Property.\*\***

**TOWN USE ONLY**

Date of Special Exception Approval \_\_\_\_\_

Period of Approval \_\_\_\_\_

<b>FEE: \$450.00</b>
Date Paid: _____
Check/CC: _____