

**City of Ocean Springs**  
 Planning Department  
 P.O. Box 1800  
 Ocean Springs, MS. 39566  
 Phone 228-875-4415 Fax 228-872-5427

<b>Office Use</b>	
Date Received _____	
Received by _____	
App Fee Paid \$ _____	Chk or CC ? _____
	Chk # _____

**RESIDENTIALLY-ZONED SHORT TERM RENTAL ANNUAL PERMIT APPLICATION**

**Application Date:** \_\_\_\_\_

**Submittal Requirements:**

- *Completed Application*
- *Copy of Proposed Rental Agreement*
- *Proposed Parking Plan*
- *Copy of rules, including trash management and reference of the city's noise ordinance (available upon request), to be posted inside unit*
- *Affirmation of Code Compliance – Ord.2015-11 (Section 401.3(10)) – Attached.*
- *Fee of \$200 must be paid at the time application is submitted [includes occupancy inspection fee]. **~~Standard mailout fee will be calculated during the review process and must be paid prior to scheduling of the public hearing~~***
- **Properties will be reviewed and inspected prior to scheduling the public hearing date and sending the required notices.**
- **PERMITS MUST BE RENEWED ANNUALLY AND ARE NOT TRANSFERRABLE.**

**REQUIRED INFORMATION:**

- Address of Applicant Property: \_\_\_\_\_
- Parcel Identification Number: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_
- Proposed maximum # guests: \_\_\_\_\_ Number of existing off-street parking spaces: \_\_\_\_\_
- Is this property located in a covenant-restricted subdivision?  Yes  No ~ ***If yes, a letter of support from the HOA must be included with the application.***

Name of Property Owner/Applicant _____	
Address _____	
Phone No. _____	
Name of Local Property Manager _____	
<i>[Must RESIDE within two (2) miles of the OS City Limits]</i> Address _____	
_____	
Phone No. _____	Signature: _____

Copy of Ordinance 2015-11 Received: _____(initials)	Copy of Ordinance 2019-19 Received: _____
Copy of Ordinance 2018-02 Received: _____(initials)	

Physical Inspection of Property:

- All applicable fire and health codes as would apply to a commercially zoned structure must be compliant.
- As part of the review process, an inspection will be scheduled to determine that all physical requirements are met per the ordinance
- Inspection will also include but are not limited to: adequate parking, proposed occupancy, number of vehicles allowed, location of garbage storage, posting of rules, etc. (per *most current* Inspection Checklist dated: 2/08/18)

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**Affirmation of Codes/Regulations**

I, (print name) \_\_\_\_\_, hereby certify that:

1. I am the owner of the property that is the subject of this application and that I have read and understand the requirements as outlined in the application.
2. There are no outstanding City of Ocean Springs property taxes or special assessments on the parcel(s).
3. The property included in this application is, to the best of my knowledge, in compliance with all applicable building codes, zoning requirements, and deed restrictions and/or covenants.
4. The Homeowner’s liability insurance does not exclude short term rentals from coverage.
5. Any existing mortgage or deed does NOT prohibit use of property as a short term rental.
6. Proper documentation of covenants that may restrict use of the property as a short rental and/or a letter of support from the HOA has been provided.

I further acknowledge that the information provided herein is true and correct to the best of my knowledge.

Owner(s) Name: \_\_\_\_\_

Parcel ID(s): \_\_\_\_\_

Date Property Acquired: \_\_\_\_\_

Owner’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Office Use Only**

Date of Inspection: \_\_\_\_\_

Result of Occupancy Inspection: \_\_\_\_\_

Maximum Occupancy Determination: \_\_\_\_\_

(attached)

Maximum Parking Spaces: \_\_\_\_\_

Permit Renewal Date: \_\_\_\_\_

PC Public Hearing Date: \_\_\_\_\_

BOA Approval Date: \_\_\_\_\_



PLANNING DEPARTMENT

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**RESIDENTIALLY-ZONED SHORT TERM RENTAL – ENHANCED LIFE SAFETY FOR OCCUPANCY EGRESS**

The following items must be complete and pass inspection prior to approval as a Short Term Rental (STR) enterprise. ***Additional, location-specific Building Code requirements may apply.***

Before an occupancy inspection is scheduled, please make sure the following items have been completed. Someone must be present at the time of inspection.

**All Occupancy Inspections are done at 10am**

The following items must be complete prior to inspection:

- Type 2A 10BC fire extinguishers – placed in a location visible to occupants.
- Emergency lighting with battery backup (not “exit” lighting) in locations that will allow adequate illumination in case of emergency or power outage.
- Address clearly displayed on the outside of the building. This must be visible from the street. In locations not visible from the street, a pilaster or signage must be placed at the street – not to exceed 1 square foot.
- All Main and Distribution panel boxes must have all circuits labeled properly.
- Smoke detectors must be located in all sleeping areas and corridors leading to sleeping areas. If a residence has gas service, all locations must also include Carbon Monoxide Detectors.
- Adequate garbage receptacles and storage locations.
- Adequate emergency egress from all rooms within the residence. Sleeping areas must have two (2) means of egress.
- No exposed wiring.
- All outlets within 6 feet of any water source must be on a GFCI circuit or have that type of outlet installed.
- Adequate off street parking for guests. No designated parking will be allowed on grassy surfaces or on streets.
- NOTE: maximum travel distance to a fire extinguisher is 75 feet – additional fire extinguishers may be required.

***Updated: 2/08/18***