



CITY OF SENECA

Address of Property: _____
250 East North Second Street
Seneca, South Carolina 29679
(864) 885-2726
Fax (864-) 888-0879
www.Seneca.SC.US

Registration Form: Short Term Residential Rental

Address of proposed short-term rental unit: _____

Name of Property Owner: _____

Phone #: _____ Homeowner's Assessment Ratio: _____

Local management group or person responsible contact info: _____

Email of group or person responsible: _____

Tax ID number: _____ Total Guest rooms of unit: _____

Number of available paved parking spaces: _____

Include site plan showing parking and a copy of floor plan with emergency exits

Checklist: *(initial) _____ Working fire extinguisher _____ Working smoke detectors
_____ Floor plan w/emergency exits _____ Emergency numbers posted
_____ Is unit sprinkled (y/n)

By signing below, I am acknowledging that I have read, understand and abide by the Short-Term Rental Ordinance of the City of Seneca:

Signature: _____ Date: _____