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STAFF REPORT

From the Department of Community Development

April 29, 2024

CASE NUMBER: SUSE-0044-2024
APPLICANT: Terry and Janet Edge
REQUEST: A Special Exception to allow a short-term residential rental
LOCATION: 920 Keith Dr; Tax Map No. 0P0440 02C000

REQUEST ANALYSIS: The subject property owner proposes to offer the entire **3-bedroom/2-bath** house for short-term rental for a maximum of **8** occupants. The subject premises were inspected for compliance with minimum health and safety requirements for use and occupancy (per Section 2-3.6) and **passed**.

Standards for Short-term Rental Properties (Section 4-3.5 of the LMO)	
1,000-foot buffer from another STR and only one STR per premises	Complies
Designation of local contact person	Complies
Host Rules addressing: <ul style="list-style-type: none"> • Maximum occupancy of 8 persons • Parking restrictions; on-premises parking of up to 8 vehicles • Noise restrictions • On-premises curfew • Prohibition of on-premises events 	Complies
Trash pick-up plan	Complies
Required written rental agreement	Complies
Proof of required active insurance policy	Complies
Application for City of Perry Occupational Tax Certificate	Complies
Other standards will be addressed with the issuance of an STR permit	

STANDARDS FOR SPECIAL EXCEPTIONS:

1. *Are there covenants and restrictions pertaining to the property which would preclude the proposed use of the property?* Staff is not aware of covenants or restrictions on the subject property which would preclude the proposed use.

2. *Does the Special Exception follow the existing land use pattern?*

	Zoning Classification	Land Uses
Subject	R-1, Single-family residential	Single-family residential
North	R-1, Single-family residential	Single-family residential
South	R-1, Single-family residential	Single-family residential
East	R-1, Single-family Residential	Undeveloped
West	R-1, Single-family Residential	Single-family residential

3. *Will the Special Exception have an adverse effect on the Comprehensive Plan?* The subject property is included in a “Suburban Residential” character area in the 2022 Joint Comprehensive Plan. This character area is typically developed with a mix of residential uses.
4. *Will adequate fire and police protection be available?* Fire and police protection are already provided to the property. The proposed use should not impact these services.
5. *Will the proposed use be of such location, size, and character that it is not detrimental to surrounding properties?* Renting the existing house on a short-term basis should not be detrimental to surrounding properties. Other than the tenants changing on a more frequent basis, short-term rental should not be any different than the normal occupancy of a single-family residence.
6. *Will the use interfere with normal traffic, pedestrian or vehicular, in the neighborhood?* Short-term rental of the residence should not cause inappropriate interference with the normal pedestrian and vehicular traffic in the neighborhood.
7. *Will the use result in an increase in population density overtaxing public facilities?* Short-term rental of the residence should not increase the population density above that expected for the size of the house.
8. *Will the use create a health hazard or public nuisance?* Short-term rental of the residence should not create a health hazard. Compliance with standards for short-term rentals will prevent a public nuisance.
9. *Will property values in adjacent areas be adversely affected?* Short-term rental of the residence should not adversely affect the value of properties in the area.
10. *Are there substantial reasons a permitted use cannot be used at this property?* The property is developed with a permitted use. The special exception is to allow the single-family residence to be rented on a less than 30-day basis.

STAFF RECOMMENDATION: Staff recommends approval of the special exception and issuance of a Short-Term Rental Permit.

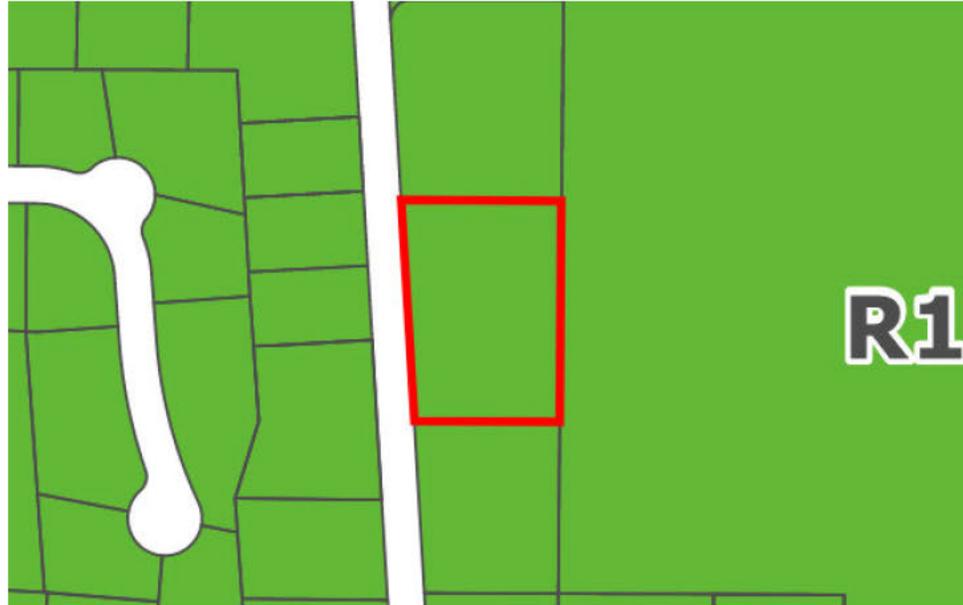


SUSE-0044-2024

920 Keith Dr.

Allow a short-term residential rental

Aerial



Zoning



Character Area



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Application # SUSE 0044-2024

Application for Special Exception

Contact Community Development (478) 988-2720

*Indicates Required Field

	*Applicant	*Property Owner
*Name	Terry & Janet Edge	
*Title	OWNERS	Same as Applicant
*Address	920 Keith Dr. Perry GA 31069	
*Phone	[REDACTED]	
*Email	[REDACTED]	

Property Information

*Street Address	920 Keith Drive Perry GA. 31069
*Tax Map Number(s)	0P0440 0ZC000
*Zoning Designation	R1

Request

*Please describe the proposed use:

Permit for Short Term Rental - Only maximum of one (1) week per month.

Instructions

1. The application and ***\$306.00 fee** (made payable to the City of Perry) must be received by the Community Development Office or filed on the online portal no later than the date reflected on the attached schedule.
2. ***The applicant/owner must respond to the 'standards' on page 2 of this application (The applicant bears the burden of proof to demonstrate that the application complies with these standards).** See Sections 2-2 and 2-3.5 of the Land Management Ordinance for more information. You may include additional pages when describing the use and addressing the standards.
3. ***For applications in which a new building, building addition and/or site modifications are proposed, you must submit a site plan identifying such modifications.**
4. The staff will review the application to verify that all required information has been submitted. The staff will contact the applicant with a list of any deficiencies which must be corrected prior to placing the application on the planning commission agenda.
5. Special Exception applications require an informational hearing before the planning commission and a public hearing before City Council. Public notice sign(s) will be posted on the property at least 15 days prior to the scheduled hearing dates.
6. ***The applicant must be present at the hearings to present the application and answer questions that may arise.**
7. The applicant and property owner affirm that all information submitted with this application, including any/all supplemental information, is true and correct to the best of their knowledge and they have provided full disclosure of the relevant facts.
8. ***Signatures:**

*Applicant	Terry Edge	*Date	3-6-24
*Property Owner/Authorized Agent	Terry Edge	*Date	3-6-24

Standards for Granting a Special Exception

The applicant bears the burden of proof to demonstrate that an application complies with these standards.

Are there covenants and restrictions pertaining to the property which would preclude the uses permitted in the proposed zoning district? **No**

- (1) The existing land use pattern. **NO - There will be no changes to the existing Land.**
- (2) Whether the proposed use is consistent with the Comprehensive Plan. **The proposed will continue to be consistent.**
- (3) Whether all proposed structures, equipment or material will be readily accessible for fire and police protection. **The home is readily accessible for fire and police. There are no equipment or materials on site.**
- (4) Whether the proposed use will be of such location, size, and character that, in general, it will be in harmony with the appropriate and orderly development of the area in which it is proposed to be situated and will not be detrimental to the orderly development of adjacent properties or a deterrent to the improvement of adjacent properties in accordance with the zoning classification of such properties, the existing land use pattern or the Comprehensive Plan. **No changes to cement home or location.**
- (5) Whether, in the case of any use located in, or directly adjacent to, a residential district or area:
 - (a) The nature and intensity of operations will be such that both pedestrian and vehicular traffic to and from the use and the assembly of persons in connection therewith will not be hazardous or inconvenient to, or incongruous with, said residential district or area, or conflict with the normal traffic of the neighborhood; and **No - there will be only one vehicle with guest.**
 - (b) The location and height of buildings, and other structures, and the nature and extent of screening, buffering or landscaping on the site will be such that the use will not hinder or discourage the appropriate development and use of adjacent land and buildings in conformance with existing zoning districts and development pattern. **NO building or structures will be added.**
- (6) Whether the proposed use will increase the population density resulting in the increase or overtaxing of the load on public facilities such as schools, utilities, streets, etc.; or approval of the use would encourage adjacent areas to develop at higher densities than provided in the comprehensive plan resulting in the overtaxing of such public facilities. **No - only out of town guest will be staying.**
- (7) Whether the proposed use will cause a health hazard, a public safety problem, or create a nuisance or cause excessively increasing traffic and associated congestion; create a drainage problem; generate unnecessary disturbance due to noise, the emission of smoke or other contaminants, odor, electrical interference, or cause pollution to land, air and/or water. **No to All.**
- (8) Whether the proposed change will adversely affect property values in adjacent areas. **No change to property.**
- (9) Whether there are substantial reasons why the property cannot be used for a permitted use in the district where the property is located. **No**

This proposal is just to be approved to rent an house out while we are away. No more than 1 week per month. Maximum of 6 people. The guest are for visitors of the Agriculture Center - events. This will be done thru AirBnB.



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Application # STR-INT 0043-2024

Supplement to Application for Special Exception For Initial Short-term Rental (STR) Permit

A Special Exception of Short-term Rental Permit is not complete until this supplemental form and accompanying documents are complete

Contact Community Development (478) 988-2720

*Indicates Required Field

	*Property Owner	*Designated Local Contact Person complying with Sec. 4-3.5(C) of Land Management Ordinance
*Name	Terry & Janet Edge	Terry Edge or Janet Edge
*Mailing Address	920 Keith Dr. Perry GA 31069	SAME
*Phone	[REDACTED]	[REDACTED]
*Email	[REDACTED]	[REDACTED]
*Street Address of Short-term Rental Unit: 920 Keith Dr Perry GA 31069		
*Tax Map Number: DP0440 DZC000		

*The following items are required to be submitted to complete this supplement (Refer to Sec. 4-3.5 of the Land Management Ordinance (LMO) for standards):

- 1. Proof of insurance - TRAVELERS INSURANCE
- 2. Copy of application for City of Perry Occupational Tax Certificate
- 3. Copy of proposed Host Rules
- 4. Plan for trash collection City of Perry and in Attachment B page 4
- 5. The maximum number of occupants proposed at any given time 8 (Short Term Rental Agreement) Page 2
- 6. Plot plan of the premises identifying location and number of parking spaces for the STR
- 7. Dimensioned floor plan of the STR identifying bedrooms other living spaces and emergency evacuation routes
- 8. Copy of proposed written rental agreement to be executed between the owner and responsible Person
9. Name and contact information for the homeowner's association, if any, of which the premises is subject to by restrictive covenants N/A
10. Other certifications and information deemed necessary and proper to ensure compliance with the LMO

Upon submittal the City will contact the property owner to schedule an inspection of the property to ensure the proposed short-term rental unit complies with minimum health and safety requirements for use and occupancy. If a premises fails to pass an inspection, a re-inspection fee will be charged for each subsequent inspection. Application for Special Exception will not be scheduled for Planning Commission consideration until the proposed STR unit complies with minimum health and safety requirements.

*Notarized Property Owner Signature:

I affirm that the information provided in this supplement is accurate and complete. I understand an STR permit may be revoked by the administrator if the permit holder has: 1) received more than 2 citations for violations of the Code of the City of Perry within the proceeding 12-month time period; or 2) failed or refused to comply with an express condition of the permit and remains in non-compliance ten days after being notified in writing of such non-compliance; or 3) knowingly made a false statement in an application or supplement; or 4) otherwise become disqualified for the issuance of a permit under the terms of the Land Management Ordinance. I further understand that I must wait one year from the date of a revoked permit before an STR renewal permit can be issued.

William T. Edge
Signature

3-20-2024
Date

*Notary Public signature and seal:

Signature: Chrysta Hays
Date: 3/20/24

Seal: Chrysta Hays
NOTARY PUBLIC
Houston County, GEORGIA
My Commission Expires 08/01/2027



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RECEIVED
MAR 20 REC'D
City of Perry

CITY OF PERRY, GEORGIA
APPLICATION FOR OCCUPATIONAL TAX CERTIFICATE
Post Office Box 2030 - 1211 Washington Street – Perry, Georgia 31069
Office 478-988-2740 Fax 478-988-2748
liz.nelson@perry-ga.gov

- New
- Renewal
- Change

Business Name Short Term Rental Phone Number [REDACTED]

Type of Business: Short Term Rental

Business physical location 920 Keith Drive

Business mailing address 920 Keith Drive Perry GA 31069
Street or P O Box City State Zip

Number of employees (including manager) N/A NAICS Code _____

Full legal name of applicant William Teebill Edge
(Applicant must provide current legal driver's license)

Applicant date of birth 02-18-1966 Social Security Number [REDACTED]

Applicant Contact Information: [REDACTED]

Residence Address 920 Keith Drive Perry GA 31069
Street City State Zip

Cell Phone Number [REDACTED] Home Phone Number N/A

Work Phone Number N/A Email [REDACTED]

Full legal name of Owner/Manager/Agent William Teebill Edge

Full legal name of entity operating business William Teebill Edge

Full legal name of persons/entities having 20% or more interest in operating entity.
N/A

Business federal employer identification number _____

Please list any other associated trade names for the business N/A

I, the applicant hereinabove set forth, after being duly sworn, under oath states the foregoing information is true and correct to my best knowledge and belief. So help me God.

This 20th day of March, 20 24.

William Teebill Edge
Applicant Signature

3-20-2024
Date



Where Georgia comes together.

Application for Home Occupation

Contact Community Development (478) 988-2720

Applicant/Owner Information

*Indicates Required Field

	Applicant	Property Owner/Manager
*Name	William Terrill Edge	William Terrill Edge
*Title	Home Owner	Home Owner
*Address	920 Keith Dr Perry GA	920 Keith Dr Perry GA
*Phone	[REDACTED]	[REDACTED]
*Email	[REDACTED]	[REDACTED]
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Tenant	

Property Information

*Business Name	Short Term Rental
*Street Address	920 Keith Dr Perry GA 31069

Instructions

1. The completed application must be submitted to the Community Development office for approval prior to applying for a business license.
2. The applicant/owner must describe the business operations below (you may attach a separate sheet of paper).
3. Please read carefully: The applicant and property owner affirm that all information submitted with this application; including any/all supplemental information is true and correct to the best of their knowledge and they have provided full disclosure of the relevant facts. The applicant has read and understands Sections 4-4.2 and 4-4.3(C) of the Land Management Ordinance (LMO) and believes the proposed business complies with these standards.
4. Signatures:

*Applicant	William Terrill Edge	*Date	3-20-2024
*Property Owner/Authorized Agent	William Terrill Edge	*Date	3-20-2024

Business Description

1. Please describe the business in detail. Describe any activities involved, materials and equipment used, and products produced.
AB+B Small Term Rental - Less than 1 week per month
2. How many persons will be employed in the conduct of the proposed home office:
Residents of the dwelling: ___ Others (no more than 1 permitted): ___ Total # ___
3. Will customers or clients come to the residence? No ___ Yes If yes, this is classified as a "Residential Business" under Section 4-4.3(D) of the LMO and requires a Special Exception and cannot be approved as a home occupation.
4. Describe any alterations or changes to the home that will be made to facilitate the home office.
None

5. Describe how, where, and in what amounts the material, supplies, and/or equipment related to the home office will be displayed or stored.

None

6. Describe the size and type of any vehicle used in connection with the home office.

None

7. Will the home office involve the use of commercial vehicles for the delivery of materials to or from the home (i.e. UPS, FedEx)? Yes _____ No If yes, explain, including frequency of deliveries/pick-ups:

8. Do you intend to display any signs relating to the home office? Yes _____ No
If yes, describe type, size and location:

Revised 1/26/22

Sec. 4-4.3 (C) *Home occupation.* A home occupation permit may be issued subject to the following standards:

- (1) *Where allowed.* The home occupation shall be operated entirely within the dwelling unit or a related accessory building.
- (2) *Who may operate.* Only by the persons maintaining residence on the lot may operate a home occupation. If the persons maintaining residence are not the owners, the property owner's permission must be provided.
- (3) *Area.* The combined floor area of a home occupation shall not exceed 25 percent of the floor area of the principal structure.
- (4) *Employees.* A home occupation may employ no more than one person who is not a resident in the applicant's home.
- (5) *Operational requirements.*
 - (a) The home occupation shall not involve the retail sale of merchandise except for products related directly to services performed.
 - (b) No merchandise shall be displayed in such a manner as to be visible from off the premises.
 - (c) No outdoor storage shall be allowed in connection with any home occupation.
 - (d) No alteration of the residential character of the premises may be made and the hours and the manner in which the home occupation is conducted shall not be allowed to create a nuisance or disturbance.
- (6) *Business owner.* The business must be owned by the owner of the property on which the home occupation is located, or the business owner must have written approval of the owner of the property if the applicant is a tenant.
- (7) *Parking.* Off-street parking shall be provided in accordance with the requirements of section 6-1, off-street parking and loading.
- (8) *Prohibited home occupations.* The following uses are prohibited as home occupations:
 - (a) Landscaping business, other than office use;
 - (b) Commercial greenhouse;
 - (c) Contractor's business, other than office use;
 - (d) Beauty salon or barber shop;
 - (e) Automotive repair;
 - (f) Furniture repair or cabinet shop;
 - (g) Physician's or chiropractor's clinic;
 - (h) Fortune telling.

E-VERIFY AFFIDAVIT

Completion of this affidavit is required for new business license applicants and for renewing business with more than 10 employees.

- Instructions:
1. Print your business name and address
 2. Indicate the number of employees
 3. Have your affidavit notarized

By executing this affidavit under oath, as an applicant for an occupational tax certificate (business license, occupation tax certificate, or other document required to operate a business) as referenced in O.C.G.A. 36-60-6(d), from the City of Perry, the undersigned applicant representing the private employer known as

1

Short Term Rental at 920 Keith Drive Perry GA.
Name of business/private employer Address

verifies one of the following with respect to my application for the above mentioned document:

2

Check One:

- On Jan. 1 of the below signed year the individual, firm, or corporation employed 10 or less employees.
- On Jan. 1 of the below signed year the individual, firm, or corporation employed more than 10 employees.

Complete this section if the individual, firm, or corporation employed more than 10 employees as of January 1:

The employer has registered with and utilized the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A 36-60-6(a). The undersigned private employer also attests that its federal work authorization number and date of authorization are as listed below.

_____ Federal Work Authorization Number

_____ Date of authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A 16-10-20, and face criminal penalties allowed by such statute.

Executed on the 20th date of March, 2024 in Perry (City) GA (State)

3

William Terrill Edge
Signature of Authorized Officer or Agent

William Terrill Edge
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 20th DAY OF March, 2024

Chrysta Hays
NOTARY PUBLIC

Chrysta Hays
NOTARY PUBLIC
Houston County, GEORGIA
My Commission Expires 08/01/2027

SAVE Affidavit

Verifying Status for Public Benefit Application O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a (n) Business License [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from City Of Perry, [name of government entity], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) yes I am a United States citizen.
- 2) yes I am a legal permanent resident of the United States.
- 3) NO I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: N/A.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: Drivers License.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Perry (city), GA (state).

William Terrill Edge
Signature of Applicant

William Terrill Edge
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
20th DAY OF March, 2024

Chrysta Hays
NOTARY PUBLIC

Chrysta Hays
NOTARY PUBLIC

My Commission Expires: _____
Houston County, GEORGIA
My Commission Expires 08/01/2027

SAVE Affidavit



PERSONAL UMBRELLA

DATE MM/DD/YYYY

05/02/2024

AGENCY TRAVELERS PO BOX 2907 HARTFORD, CT 06104-9900		CARRIER THE TRAVELERS INDEMNITY COMPANY OF AMERICA NAIC CODE 25666	
CONTACT NAME PHONE (A.C. No. Excl): (800) 842-5075 FAX (A.C. No.): E-MAIL ADDRESS: CODE: 056268 SUBCODE: GFR		APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP + 4) JAMET & TERRY EDGE 920 KEITH DRIVE PERRY, GA 31069-4993	
AGENCY CUSTOMER ID: PLAN: Legacy FACILITY CODE: EFFECTIVE DATE: 05/03/2024 EXPIRATION DATE: 05/03/2025		DATE AT CURRENT RESIDENCE: PRIMARY PHONE # <input checked="" type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL (478) 319-7664	
POLICY NUMBER: 615747248 311 7		PRIMARY E-MAIL ADDRESS: EDGE.DALTON@GMAIL.COM SECONDARY E-MAIL ADDRESS:	

UMBRELLA INFORMATION

COVERAGES		PREMIUMS		CALCULATIONS
POLICY AMOUNT	RETENTION	BASIC		
\$1,000,000	\$		\$366.00	
OPTIONAL COVERAGES TO APPLY		RESIDENCES	\$25.00	
		AUTOMOBILES	\$40.00	
		RECREATIONAL VEHICLES	\$	
		UNINSURED MOTORIST*	\$	
		UNDERINSURED MOTORIST*	\$	
CODE	COVERAGE	LIMIT	WATERCRAFT	\$
		\$		\$
		\$		\$
		DEPOSIT	\$	
* IF APPLICABLE IN YOUR STATE		ESTIMATED TOTAL PREMIUM	\$291.00	

PRIMARY POLICY INFORMATION

TYPE OF POLICY	COMPANY NAME / POLICY NUMBER	POLICY PERIOD	LIMITS OF LIABILITY		
			LIABILITY	PROPERTY DAMAGE	UNINSURED MOTORISTS
AUTO	COMPANY: TRAV	EFF:	\$250,000	EA PER \$500,000	EA ACC or CSL
	POLICY NUMBER:	EXP:	\$100,000	EA ACC	EA ACC or CSL
HOME	COMPANY: TRAV	EFF:	\$	EA PER \$	EA ACC or CSL
	POLICY NUMBER:	EXP:	\$	EA ACC	EA ACC or CSL
DWELLING FIRE INCL RENTALS	COMPANY:	EFF:	\$	EA PER \$	EA ACC or CSL
	POLICY NUMBER:	EXP:	\$	EA ACC	EA ACC or CSL
WATERCRAFT	COMPANY:	EFF:	\$	EA PER \$	EA ACC or CSL
	POLICY NUMBER:	EXP:	\$	EA ACC	EA ACC or CSL
RECREATIONAL VEHICLES	COMPANY:	EFF:	\$	EA PER \$	EA ACC or CSL
	POLICY NUMBER:	EXP:	\$	EA ACC	EA ACC or CSL
EMPLOYERS LIABILITY	COMPANY:	EFF:	\$	EA PER \$	EA ACC or CSL
	POLICY NUMBER:	EXP:	\$	EA ACC	EA ACC or CSL
	COMPANY:	EFF:	\$	EA PER \$	EA ACC or CSL
	POLICY NUMBER:	EXP:	\$	EA ACC	EA ACC or CSL

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #: 607899679		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$291.00		
BILLING <input type="checkbox"/> DIRECT BILL - POLICY <input type="checkbox"/> DIRECT BILL - ACCT <input type="checkbox"/> AGENCY BILL	PAYMENT PLAN <input checked="" type="checkbox"/> FULL PAY <input type="checkbox"/> BI-MONTHLY <input type="checkbox"/> ANNUAL <input type="checkbox"/> MONTHLY <input type="checkbox"/> SEMI-ANNUAL <input type="checkbox"/> <input type="checkbox"/> QUARTERLY		PAYMENT METHOD <input type="checkbox"/> CASH <input checked="" type="checkbox"/> EFT <input type="checkbox"/> CHECK <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)			MAIL POLICY TO: <input type="checkbox"/> AGENT <input type="checkbox"/> INSURED
	PAYOR <input checked="" type="checkbox"/> INSURED <input type="checkbox"/> MORTGAGEE		PREMIUM FINANCED? <input type="checkbox"/> Y/N <input type="checkbox"/> N FINANCE COMPANY			

ACORD 83 (2016/04)

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615747248 311

welcome

PAPA & JEN JEN'S PERRY HOUSE

wifi

NETWORK: TP_Link_6E19_5G
PASSWORD: 41992197

contact us

Janet & Terry Edge
Cell Phone: (478) 319-7664
Cell Phone: (478) 319-8292

tv

DirecTV app on Amazon Fire TV Stick

safety info

PLEASE CALL 911 FOR EMERGENCIES.
HOSPITAL: 1120 Morningside Dr, Perry,
GA 31069, (478) 987-3600

POLICE STATION: 1207 Washington St,
Perry, GA 31069 (478) 988-2800

house rules

1. NO SMOKING INSIDE OR OUTSIDE
2. NO PETS ALLOWED
3. NO PARTIES OR EVENTS
4. DO NOT USE PITBOSS SMOKER
5. QUIET HOURS ARE 10 P.M. TO 7 A.M.
6. NO ILLEGAL ACTIVITY

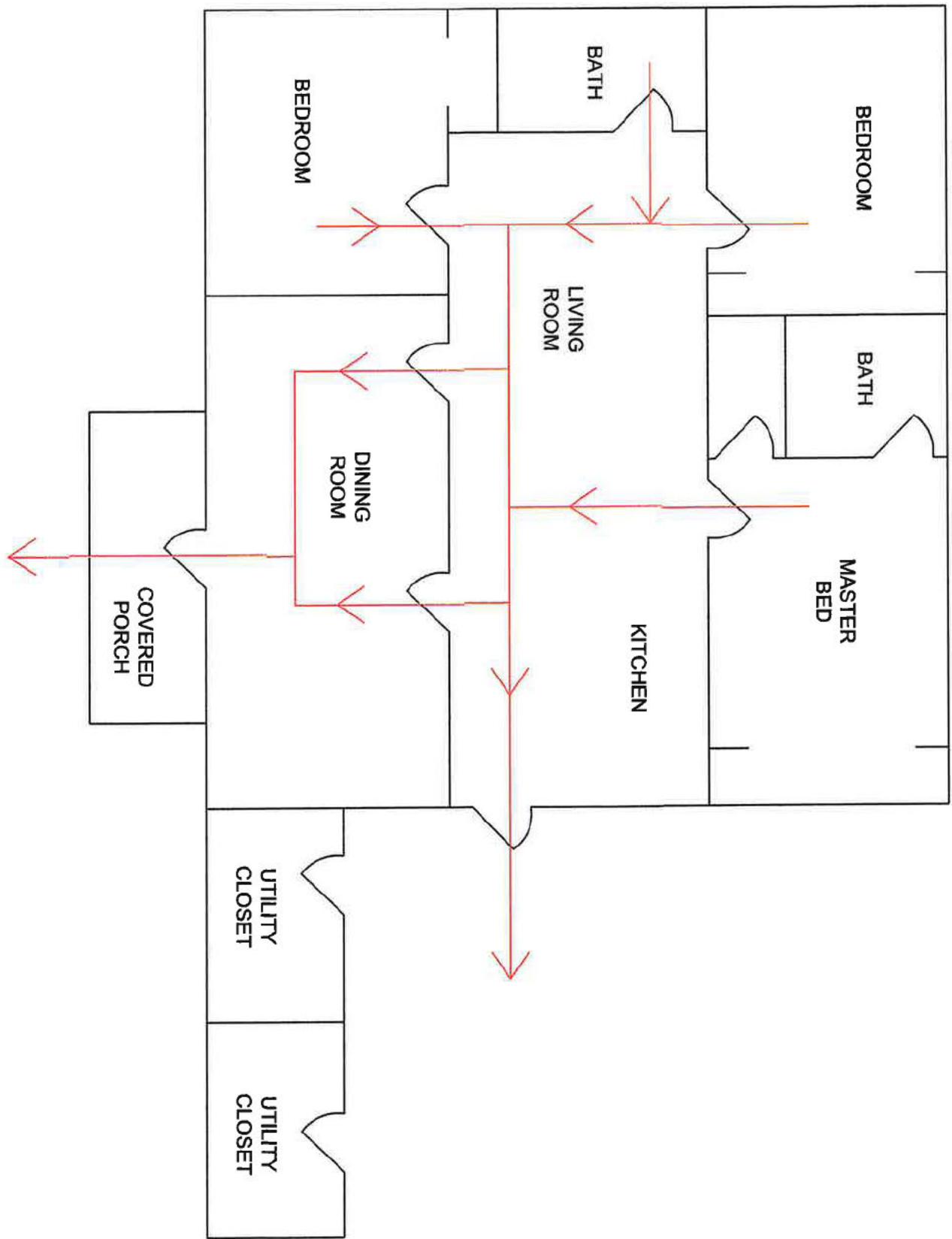
check-out info

- CHECK-OUT TIME IS 10 A.M.
- TURN OFF ALL LIGHTS
- WASH ALL YOUR DISHES & EMPTY THE DISHWASHER
- RETURN ALL FURNITURE TO ITS ORIGINAL POSITION
- STRIP ALL BED LINENS AND PLACE AT FOOT OF BED ON FLOOR
- PUT ALL USED TOWELS IN BATHTUBS
- PLACE TRASH IN TRASHCAN OUTSIDE
- NOTIFY HOST OF DEPARTURE

reviews ★★★★★
 We strive to provide you a 5-star stay.
 Please consider leaving us a 5-star
 review to help our business thrive!

enjoy your stay!





EVACUATION ROUTE

MAX. OCC.:8

SHORT-TERM RENTAL AGREEMENT

I. The Parties

This Short-Term Rental Agreement ("Agreement") made on January 1 2025 is between the following:

One (1) individual(s) known as _____ with a mailing address the same as the Property Address. ("Tenant(s)")

AND

Two (2) individual(s) known as William Edge and Janet Edge with a mailing address of 475 Harbour Shores Drive, Jackson, Georgia, 31069 ("Landlord").

Landlord and Tenant(s) ("Parties") agree to the following terms and conditions:

II. The Property

The Tenant(s) agrees to rent the residential dwelling described as a(n) single-family home with a mailing address of 920 Keith Drive, Perry, Georgia, 31069 ("Property"). The Property consists of 3 bedroom(s) and has 2 bathroom(s).

III. Furnishings

The Property shall be furnished by the Landlord. Landlord shall provide the following furnishings as part of this Agreement:

Bedroom Set(s) - Including but not limited to beds, pillows, sheets, nightstands, and lighting fixtures.

Dining Room Set(s) - Including but not limited to tables, chairs, and other items that complete a dining room set.

Kitchenware - Including but not limited to pots, pans, utensils, cleaning supplies, and other everyday items that complete a kitchen set.

Living Room Set(s) - Including but not limited to couches, chairs, sofas, televisions, desks, and other common living room items.

IV. Parking

The Landlord shall provide parking as part of this Agreement in the form of 10 parking space(s). There shall be no fee for the parking space(s).

V. Period and Guests

The total amount of individuals allowed to stay at the Property for any period will be limited to 8 people. In addition, the Tenant(s) are allowed to have a total number 0 Guests on the Property.

VI. Start and End Dates

The term of this Agreement shall begin January 1 2025 and end on January 8 2025 ("Rental Period").

The Tenant(s) shall be allowed to check-in at 03:00 PM and check-out at 10:00 AM.

VII. Rent

The rent due by the Tenant(s) to the Landlord shall be in the amount of \$xxxx per night during the Rental Period.

VIII. Security Deposit

The Tenant(s) shall not be obligated to pay a Security Deposit as part of this Agreement.