



County of Albemarle
Community Development Department

401 McIntire Rd, North Wing
Charlottesville, VA 22902
Telephone: 434-296-5832
www.Albemarle.org

Closing of your Short-Term Rental Clearance

Date: _____

Short-term Rental Zoning Clearance Number: _____

Address: _____

I, _____ (property owner/operator) certify that the short-term rental located at the above address is now closed and no longer operational. I acknowledge that the clearance for my short-term rental will be considered null and void. I understand that to operate a short-term rental in the future, I will need to obtain a new short-term rental zoning clearance in accordance with Albemarle County Code § 18-5.1.48(a).

Print Name of Short-Term Rental Operator

Signature of Short-Term Rental Operator

Date