

Do you have a Property Management company? [] Yes [] No
If yes, please complete below.

I authorize _____ to be my Property Management Company.

Management Company Address: _____

Rental Agent: _____

Office Number: _____

Rental Agent e-mail: _____

Property Owner Signature

Date

Please print name (Property Owner)

Property Owner Signature

Date

Please print name (Property Owner)

If you change Property Management Company, please send a copy of this page with updated information to:

Finance Director
City of Indian Rocks Beach
1507 Bay Palm Boulevard
Indian Rocks Beach FL 33785

If you sell your property or are no longer renting, please notify the Finance Director, City of Indian Rocks Beach, so that we may close your account.

Ph: 727/595-2517
e-mail:
eatkinson@irbcity.com
or
coconnor@irbcity.com

Attach one of the following to show ownership of the property:

_____ Updated profile page(s) from the Pinellas County Property Appraiser (www.pcpao.org)
OR
_____ Copy of *recorded* Warranty Deed

Rental property address: _____

Parcel ID # _____

Pinellas County Property Appraiser's website: www.pcpao.org

Zoning: [] "S" (Single Family) [] "RM 2" (Medium Density) [] "RM 1" (Medium Density)
() "CT" (Commercial Tourist) (Duplex Residential)

PROPERTY DESCRIPTION

() SINGLE FAMILY – BEDROOMS _____ () DUPLEX – BEDROOMS · UNIT 1 _____ UNIT 2 _____

() CONDO · BEDROOMS _____

() MULTI FAMILY NUMBER OF UNITS _____

UNIT 1 · BEDROOMS _____ UNIT 4 · BEDROOMS _____

UNIT 2 · BEDROOMS _____ UNIT 5 · BEDROOMS _____

UNIT 3 · BEDROOMS _____ UNIT 6 · BEDROOMS _____

IF CLAIMING VESTING BENEFIT AS DESCRIBED IN CODE SEC 18-216 (b) 1,2,3 & 4 , PLEASE INITIAL
HERE AND LIST MAXIMUM OCCUPANCY REQUESTED

DESIGNATED RESPONSIBLE PARTY 24/7 EMERGENCY CONTACT SEC 18-215 (A)

NAME _____

ADDRESS _____

PHONE _____ E-MAIL _____

ALL PROPERTY OWNER(S) TO COMPLETE
(Print additional pages as needed)

MUST BE SIGNED IN PRESENCE OF A NOTARY

I hereby certify that the information in the application is true and correct and that I am the owner of the property. By executing this application, I acknowledge that the property is subject to local, State and Federal laws and regulations. I acknowledge that the property and its intended use must comply with all applicable regulations.

I believe the subject property is in compliance with all applicable codes.

I understand that rental of a homesteaded property could result in loss of said homestead status and advantages. *(For further information, please refer to F.S. 196.061 and contact the Pinellas County Property Appraiser at 727/464-3207.)*

Completion or acceptance of an application for and issuance or payment of Business Tax Receipt for a Short Term Vacation Rental by the City of Indian Rocks Beach does not constitute a determination by the City that the property for which the tax is being paid is in full compliance with applicable Federal, State and local law ordinances and regulations, nor does it absolve the applicant of responsibility for obtaining all other licenses or permits necessary to conduct said occupation. It is the responsibility of the owner to comply with all applicable laws. Payment of said tax does not ensure any rights to operate this facility.

Completion or acceptance of an application that the applicant will operate the Short Term Vacation Rental in compliance with all Codes including the City of Indian Rocks Beach Ordinance No. 2023-02.

Property Owner Signature

Date

Please print name (Property Owner)

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20____ by _____
(Property Owner)

who is [] personally known to me or has produced _____ as identification.

Commission expires:

Signature of Notary

Rental Property Address: _____

List all property owners followed by last 4 digits of Social Security number or FEIN # below:
If corporate owned or LLC list Registered Agent.

Not a U. S. citizen? Please provide Taxpayer Identification number: _____

For questions, please contact the Florida Department of Revenue at 1-800-829-4933.

To be completed by staff:

VRR # _____

Date Rec'd _____

VACATION RENTAL REGISTRATION

DOCUMENT CHECKLIST

THE FOLLOWING ITEMS ARE REQUIRED TO BE SUBMITTED
WITH THE VACATION RENTAL REGISTRATION APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

- FLORIDA DEPARTMENT OF REVENUE CERTIFICATE
- FLORIDA DEPT OF BUSINESS AND PROFESSIONAL REGULATION LODGING LICENSE
- PROOF OF OWNERSHIP
- BEDROOMS/PARKING PLAN STATEMENT – CODE SEC 18-206 (7)
- EXTERIOR SITE PLAN – CODE SEC 18-206 (8)
- INTERIOR FLOOR PLAN – CODE SEC 18-206 (9)
- PARKING PLAN – CODE SEC 18-206 (12)
- COPY OF OWNERS CODE OF CONDUCT RULES – SEC 18-206 (13)
- NARRATIVE ON OWNER TO GUEST COMMUNICATION – SEC 18-206 (14)
- COMPLETED VACATION RENTAL REGISTRATION APPLICATION
- IF NEW APPLICATION MUST SUBMIT WITH “CITY OF INDIAN ROCKS BEACH
BUSINESS TAX RECEIPT APPLICATION
- PHOTO OF OUTSIDE SIGN DISPLAYING BTR # AND 24/7 PHONE NO# OF DESIGNATED
RESPONSIBLE PARTY
- REGISTRATION FEE \$300.00 PER UNIT – CHECK OR CREDIT CARD ACCEPTED

