CITY OF INDIAN ROCKS BEACH
1507 Bay Palm Boulevard
Indian Rocks Beach FL 33785
Ph 727/595-2517

CT-1 CONDO ZONING DISTRICT VACATION RENTAL REGISTRATION

Transient public lodging establishment. A structure, which is rented to guests more than three (3) times in a calendar year for periods of less than thirty (30) days or more or one (1) calendar month, whichever is less, and which is advertised or held out to the public as a place rented to guests within the single family ("S"), medium density ("RM2"), medium density duplex residential ("RM1") district, and commercial tourist ("CT") districts. A "transient public lodging establishment" shall be considered a non-residential, commercial business, whether operated for profit or as a not for profit and be subject to the additional requirements of this chapter if the transient public lodging establishment is additionally considered to operate as short term vacation rental as defined herein.

Completion or acceptance of an application for and issuance or payment of Vacation Rental Registration 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.

VACATION RENTAL REGISTRATIONS MUST BE RENEWED ANNUALLY BY DATE OF INCEPTION

NEW APPLICATION FEES $600, PLUS $150 INSPECTION FEE & $26.25 BTR FEE PER UNIT
ANNUAL RENEWAL FEES $600, PLUS $150 INSPECTION FEE & $10.50 BTR FEE PER UNIT

Late Renewal Registration:$200.00, in addition to above Renewal fee (considered late if renewal registration occurs after 12 month annual expiration)

IF A REINSPECTION IS REQUIRED THERE WILL BE A $75 FEE

APPLICATIONS MUST BE SUBMITTED COMPLETE-INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Rental Property Address: _____

_____

Property Owner(s): _____

Mailing Address: _____

_____

Cell: _____ Home Phone: _____

E-mail: _____

_____ IF OWNER IS A CORPORATION OR PARTNERSHIP, PLEASE ATTACH PROOF OF VERIFICATION.
In Florida, please go to www.sunbiz.org; Out of state, please refer to your state's website

To be completed by Staff

VRR # _____

Date received: _____ Amount paid: $ _____ [ ] Check

BTR # _____

[ ] Cash

Requesting: _____ [ ] Credit Card

Property Mgmt Co: [ ] Yes [ ] No

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:
gordanak@irbcity.com
or
rgomez@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) (Duplex Residential)

( ) "CT" (Commercial Tourist)

_____

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 _____

_____ _____

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 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.

CITY OF INDIAN ROCKS BEACH
1507 Bay Palm Boulevard
Indian Rocks Beach, FL 33708
Ph 727/595-2517 www.indian-rocks-beach.com

VACATION RENTAL REGISTRATION AFFIDAVIT

Local Vacation Rental Unit

Address: _____ Unit#: _____
City: _____ State: _____ Zip: _____
Phone at Rental Unit: _____ Name of Rental Property: _____

Property Owner

Name: _____ Cell Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____

I/We attest to the following:
(OWNER MUST INITIAL EACH ITEM)

_____ The property complies with FEMA regulations limiting the use of ground level space.
_____ The property owner has an active license from the Department of Business and Professional Regulation (DBPR) for use of the property as a public lodging establishment. DBPR #_____
_____ The property owner has an active resale certificate for sales tax issued by the State of Florida.
_____ The property owner collects and remits the required Tourist Development Tax pursuant to Chapter 212, F.S.
_____ The short term vacation rental property complies with all ordinances of the City of Indian Rocks Beach.

MUST BE SIGNED IN PRESENCE OF NOTARY

_____ _____ _____
Owner/Agent Signature Owner/Agent Printed Name Date

STATE OF _____
COUNTY OF _____

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the state and county aforesaid to take acknowledgements, personally appeared _____ known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged before me that he/she executed the same.

WITNESS my hand and official seal in the county and state last aforesaid this _____day of _____20 ____
(SEAL)

_____ _____
Notary Public Commission Exp.

_____ Personally known to me or Identification Produced: _____

Ord. No. 2023-02

VACATION RENTAL REGISTRATION

CONDO DOCUMENT CHECK LIST

THE FOLLOWING ITEMS ARE REQUIRED TO BE SUBMITED

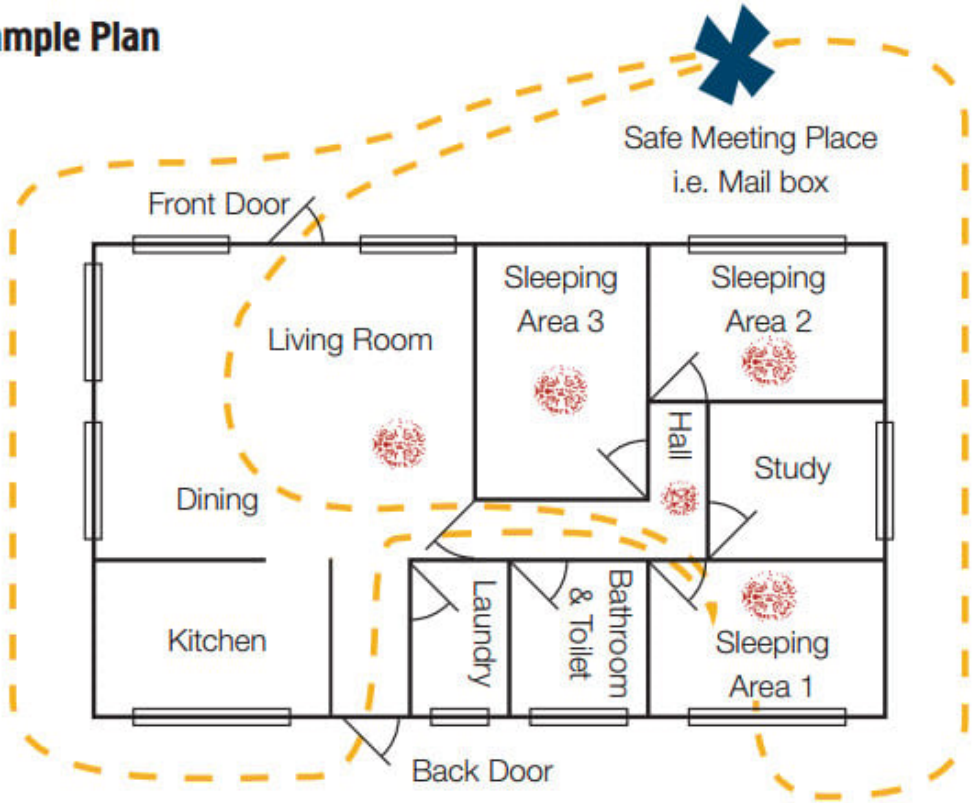
WITH THE VACATATION RENTAL REGISTRATION APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

1. Completed Vacation Rental Registration Application
2. Florida Department of Revenue Certificate
3. Florida Department of Business and Professional Regulation (DBPR) Lodging License
4. Pinellas County Tax Collector Tourist Development Tax Registration
5. Proof of Ownership
6. Interior Floor Plan – Code Sec. 18-206(9)
7. Copy of Owner's Code of Conduct Rules – Sec. 18-206(14)
8. Narrative on Owner-to-Guest Communication – Sec. 18-206(14)
9. Verification that the property has been inspected, or that an inspection has been scheduled, with Pinellas Suncoast Fire Rescue District for fire/safety code compliance
10. Due at Application Submission:
    - Registration Fee: $600.00 per unit
    - Inspection Fee: $150.00 per unit
    - Initial BTR Fee: $26.25

Payment method: Check or credit card accepted

Sample Plan



Make sure you can get out of your home quickly if there is a fire.

The best fire escape plan is worthless if your escape route is blocked. While deadlocks and security grilles deter thieves, they can be deadly in a fire. When you are in the house:

1. **Leave keys** in any deadlock, or on a hook close to the door or window, but out of reach of intruders.
2. **Make sure** that window security grilles and screens open **readily** from the inside.
3. **Make sure** that all windows and doors **open easily** for all members of your family.