

TOWN OF REDINGTON SHORES

Vacation Rental Certificate of Use Application

Often facilitated by peer-to-peer websites, vacation rentals are residential properties available for rent for a period of less than 30 days or one calendar month, whichever is less, or which is advertised or held out to the public as a place that may be rented to a transient occupant. Pursuant to the Town of Redington Shores Code Section 90-116, property owners are required to obtain a Certificate of Use in order to offer vacation rentals.

Property Address: _____

Type of Building: Single-Family Home Rental Apartment Unit Condominium

Type of Rental: Whole Dwelling Partial Dwelling

Number of Bedrooms in Rental Unit: _____

Maximum number of Occupants: ((Number of Bedrooms x 2) + 2) _____

The Required Building Sketch(s) must be attached.

Sec 90-116(C)(1)(m) requires a building sketch(s) by floor showing a floor layout. Sketch(s) must be drawn to scale, showing all bedrooms and sleeping areas

List all platforms you will be renting this property through (e.g. AirBnB, VRBO, HomeAway, etc):

APPLICANT INFORMATION:

Applicant: Property Owner
 Responsible Party (Attach authorization to operate STR from Property Owner)

PROPERTY OWNER INFORMATION:

Name _____

Mailing Address _____ City _____ State ____ Zip _____

Phone(s) _____ Email _____

24 HOUR A DAY/7 DAY A WEEK CONTACT PERSON (Responsible Party):

Name _____ Company _____

Address _____ City _____ State _____ Zip _____

Phone(s) _____ Email _____

Note: If the Responsible Party changes, the property owners shall update the Vacation Rental Certificate of Use Application on file with the Town within 30 days.

ATTESTATIONS:

I, _____ hereby swear and affirm that:

Initial _____ The Responsible Party is, or will be, remitting all applicable local Pinellas County business and tourist taxes; or that a peer-to-peer platform entity through which vacation rentals are booked will be remitting all such taxes associated with the vacation rental on the responsible party's behalf;

Initial _____ The responsible party has the permission of the property owner and authority to offer the property as a vacation rental and act as the responsible party;

Initial _____ Insurance coverage will be in effect at all times while the property is being used as a vacation rental to cover liability for injury or harm to transient occupants or other invitees, and I understand that a standard homeowner's or renter's insurance policy may not necessarily provide such liability coverage while the property is used as a vacation rental;

Initial _____ The vacation rental is registered with the Florida Department of Revenue, or successor agency, for purposes for collecting and remitting applicable state taxes and all such state taxes has been, or will be, paid;

Initial _____ The property is, and will be at all times during which it is used as a vacation rental, maintained in compliance with the vacation rental standards set forth in Town Code Section 90-116 (D).

Initial _____ Copies of any executed rental contract in existence prior to August 12, 2020, which contains provisions contrary to Town Code Section 90-116, but are otherwise permissible under Town Code, along with evidence of any deposit received in conjunction with such contract(s), have been submitted to the Town with this Certificate of Use application.

Applicant Signature

Date

ACKNOWLEDGMENTS

I certify that the above information is true and correct. I understand that the Town of Redington Shores is authorized to deny or revoke a Certificate of Use issued under the provisions of its Town code where false or misleading information was provided on the Application for the Certificate of Use.

I certify that I have the authority of the current property owner(s) to apply for the Certificate of Use.

Applicant Signature: _____ Date: _____

For office use only:

COU Number: _____

Date of COU: _____

Contact Us: Town of Redington Shores
Building Department
17425 Gulf Blvd.
Redington Shores, FL 33708
Phone: 727-397-5538
Email: depclerk@townofredingtonshores.com

Property Owner / Responsible Party Affidavit

(if applicable)

BEFORE ME, the undersigned authority, personally appeared _____, who did take an oath and who after being duly sworn, deposes and states that s/he is an adult person, over the age of 18, and competent to testify as to the following matters to which s/he has personal knowledge:

1. My name is _____.
2. I am the property owner / responsible party (circle one) for the property located at _____ Redington Shores, Florida.
3. The below described contracts, which are attached hereto and incorporated herein, were entered into and executed by both parties and deposits collected prior to August 12, 2020 (attach additional sheet if necessary).
 - a.
 - i. Renters Name(s): _____
 - ii. Renter's contact information: _____
 - iii. Date of Contract: _____
 - iv. Dates of Stay: _____
 - v. Maximum Occupancy (if applicable) _____
 - b.
 - i. Renters Name(s): _____
 - ii. Renter's contact information: _____
 - iii. Date of Contract: _____
 - iv. Dates of Stay: _____
 - v. Maximum Occupancy (if applicable) _____
 - c.
 - i. Renters Name(s): _____
 - ii. Renter's contact information: _____
 - iii. Date of Contract: _____
 - iv. Dates of Stay: _____
 - v. Maximum Occupancy (if applicable) _____
 - d.
 - i. Renters Name(s): _____
 - ii. Renter's contact information: _____
 - iii. Date of Contract: _____
 - iv. Dates of Stay: _____
 - v. Maximum Occupancy (if applicable) _____

4. I have received deposits for each contract listed above, and evidence of such deposit(s) is attached hereto and incorporated herein.
5. The contract(s) listed above are non-transferable and non-assignable.

I declare, under penalty of perjury, that the foregoing is true and correct.

X _____

Date: _____

Print Name:

STATE OF FLORIDA

COUNTY OF PINELLAS

This Affidavit was sworn to and acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20__, by _____. He/She is personally known to me or has produced a _____ as identification.

NOTARY PUBLIC (Signature)

(Affix Notary Seal or Stamp)

(Printed Name) _____

My Commission Expires: