

# 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 overnight Occupants: ((Number of Bedrooms x 2) + 2) \_\_\_\_\_ (pursuant to Town Code § 90-116, number cannot exceed 12).

**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		
<hr/>			
Address	City	State	Zip
<hr/>			
Phone(s)	Email		
<hr/>			

*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](mailto:depclerk@townofredingtonshores.com)

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: