



**Town of Ponce Inlet**  
 4300 S. Atlantic Avenue  
 Ponce Inlet, FL 32127  
 386-236-2182 (voice)  
 386-322-6717 (fax)

**RENTAL PERMIT  
 APPLICATION**  
 Pursuant to Article V, Section 5.7 of the  
 Land Use and Development Code

Submittal Receipt # and Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

**THIS FORM MUST BE FILLED OUT COMPLETELY**

**TYPE OF PERMIT:** NEW      Renewal      Transfer      **PERMIT #:** \_\_\_\_\_

**SECTION 1: OWNER INFORMATION**

PURSUANT TO SECTION 5.7.B.2, PROOF OF OWNERSHIP INCLUDING THE NAME, ADDRESS AND TELEPHONE NUMBER OF EACH PERSON OR ENTITY WITH AN OWNERSHIP IN THE PROPERTY MUST BE PROVIDED. PLEASE PROVIDE THIS INFORMATION BELOW.

Owner Name	_____
Home Address	_____
Phone Number	_____
Owner Name	_____
Home Address	_____
Phone Number	_____

*Please attach proof of ownership.  
 For renewals please note when proof of ownership was submitted.*

**SECTION 2: PROPERTY DETAILS**

PURSUANT TO SECTION 5.7.B, THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO APPROVAL.

Condominium Name \_\_\_\_\_

Street Address \_\_\_\_\_

Unit Number \_\_\_\_\_

Parcel Identification Number \_\_\_\_\_

IS THIS APPLICATION FOR **SHORT TERM** \_\_\_\_\_ **OR LONG TERM** \_\_\_\_\_  
 See attached information sheet for properties permitted to rent on a short term basis.

**SHORT TERM RENTALS ONLY:** An approved inspection report of the Fire Marshal in accordance with Chapter 4A-43 of the Uniform Fire Safety Standards for Transient Public Lodging Establishments, Timeshares and Timeshare Unit Facilities must be attached, **along with an inspection fee of \$180.00.**

The gross square footage of the dwelling, including:  
 Number of rooms \_\_\_\_\_ Bedrooms \_\_\_\_\_ Kitchens \_\_\_\_\_  
 On-site parking spaces attributable to the rental \_\_\_\_\_

Valid and current Federal Employer Tax Identification number or Social Security number for the owner(s) of the property:

Valid and Current Florida Department of Revenue Sales Tax Identification Number under Florida Statutes, Chapter 212:

Valid and Current License under Florida Statutes, Chapter 509 shall be attached to this application.

**SECTION 3: MANAGEMENT INFORMATION**

**PURSUANT TO SECTION 5.7.B, THE FOLLOWING INFORMATION MUST BE PROVIDED PRIOR TO APPROVAL:**

Property Manager's Name:

Property Manager's Address:

THE PROPERTY MANAGER MUST BE AVAILABLE TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK TO RESPOND TO CONCERNS AT THE PROPERTY.

Property Manager's 24-hour phone number:

**SECTION 4: ADDITIONAL REQUIREMENTS**

PURSUANT TO SECTION 5.7.F, all licensed real estate agents, brokers, agents or other parties which represent an owner of a property, or owners of properties rented at any time during a calendar year shall file a summary report with the town by February 1<sup>st</sup> of each year which reflects the rental activities of all subject dwellings within the town for the previous calendar year. An Annual Rental Report form is attached to this application.

**PURSUANT TO SECTION 5.7.B OF THE LAND USE AND DEVELOPMENT CODE, THIS APPLICATION SHALL BEAR THE SIGNATURES OF ALL OWNERS, AUTHORIZED AGENTS AND AUTHORIZED PROPERTY MANAGERS.**

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_, 200\_\_\_\_  
by \_\_\_\_\_.  
He / She is personally known to me or has presented \_\_\_\_\_ as identification.

SEAL STAMP  
Notary Signature: \_\_\_\_\_

\_\_\_\_\_  
Authorized Agent's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_, 200\_\_\_\_  
by \_\_\_\_\_.  
He / She is personally known to me or has presented \_\_\_\_\_ as identification.

SEAL STAMP  
Notary Signature: \_\_\_\_\_

\_\_\_\_\_  
Authorized Property Manager's Signature

\_\_\_\_\_  
Date

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_, 200\_\_\_\_  
by \_\_\_\_\_.  
He / She is personally known to me or has presented \_\_\_\_\_ as identification.

SEAL STAMP  
Notary Signature: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Short-Term Rental Permitted

Short-Term Rental Not Permitted

Submittal Receipt Number \_\_\_\_\_

Rental Permit Number \_\_\_\_\_

Fire Department Comments: \_\_\_\_\_

\_\_\_\_\_

Code Enforcement Comments: \_\_\_\_\_

\_\_\_\_\_

**APPROVED BY:**

\_\_\_\_\_

Fire Marshal

\_\_\_\_\_

Date

# TOWN OF PONCE INLET ANNUAL RENTAL REPORT

To be filed by February 1<sup>st</sup> of each year pursuant to Section 5.7.F of the Land Use and Development Code

PERMIT: \_\_\_\_\_

ADDRESS OF RENTAL PROPERTY: \_\_\_\_\_

TENANT NAME	TENANT ADDRESS	PHONE	LENGTH OF RENTAL

**Pursuant to Section 5.7.F of the Land Use and Development Code**, all licensed real estate agents, brokers, agents or other parties which represent an owner or owners of properties of a property rented at any time during a calendar year shall maintain records indicating the name and address of each tenant during the aforementioned period; each tenant's vehicle registration, which shall include the make, year and tag number of the tenant's vehicle; and the written lease between the owner and tenant for inspection by the code enforcement officer upon request.

Property Owner or Authorized Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return to:** Town of Ponce Inlet  
 Attn: Code Enforcement Division  
 4300 S. Atlantic Avenue  
 Ponce Inlet, FL 32127

Please contact the Code Enforcement Office at (386) 236-2187 if you have any questions.