

RENTAL UNIT & RESPONSIBLE PERSON REGISTRATION

CITY CLERK, 100 N US HWY 1, FORT PIERCE, FL 34950
PH: 772-467-3065 * cityclerk@cityoffortpierce.com

Step 5

Please note that these application requirements are **in addition to** all other steps outlined in the BTR checklist

Property Type and Amenities: Please check all that apply				
<input type="checkbox"/> Single Family Detached Home	<input type="checkbox"/> Duplex Unit	<input type="checkbox"/> Triplex, quadraplex unit or similar	<input type="checkbox"/> Condominium	Name of Complex, if applicable:
<input type="checkbox"/> Pool on-site	<input type="checkbox"/> Spa or hot-tub on-site	<input type="checkbox"/> Elevator in unit	<input type="checkbox"/> Pets allowed	Minimum Number of Rental Days:
Property Owner Information:				
Name of Owner or individual making application on behalf of corporation or partnership:				
Home Address (street, city, state, zip):				
Mailing Address (if different):				
Primary Telephone #		Alt. Telephone #		
E-mail Address				
If applicant is a partnership or corporation, name of company:				
Business Address:				
Primary Telephone #		Alt. Telephone #		
Email Address				
Name and Address of Person Authorized to Accept Service of Process on behalf of corporation:				
Rental Unit Information:				
Number and street address, including individual unit number or letter				
Name of Rental Property, if one used. (e.g. Mermaid's Hideaway)				
Parcel Identification Number		Telephone Number in Unit if applicable		

Required Attachments: (After initial registration, simply indicate if there is no change (n/c) where requested unless required)					
Copy of recent profile from property appraiser showing ownership www.paslc.org			Yes		N/C
Current certification Sunbiz registration for corporate ownership, if applicable.			Yes	N/A	N/C
Maximum Occupancy Calculation	Sq Feet: _____	Max Occupancy: 	Yes		N/C
Maximum Vehicles on site, with location sketch of onsite parking spaces:		#: 	Yes		N/C
Exterior site sketch & Interior building sketch (including extinguishers, alarms, room, doors, etc.).			Yes		N/C
Management Company or Responsible Person Registration			Yes		REQUIRED
Florida Sales Tax Identification Number _____			Yes		REQUIRED
Florida Department of Business & Professional Regulation License			Yes	N/A	REQUIRED
St. Lucie County Tourist Development Tax Account Number: _____			Yes		N/C
St. Lucie County Business Tax Receipt (if applicable)			Yes	N/A	N/C
Certification from Code Enforcement of no pending proceedings or outstanding balances (please allow 7 to 10 business days – city will route with BTR application)			Yes		REQUIRED

I hereby certify under penalties of perjury that the above information is true and correct. I further acknowledge that any misstatement, omission or false representation made by me in this application may result in the revocation of registration.

Signature of Applicant

Date

APPROVED AS SUBMITTED:

City Clerk's Office

Date

DENIED AS SUBMITTED: (state reason for denial)

City Clerk's Office

Date

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Occupancy Calculation Worksheet:

Maximum occupancy shall be calculated as one person for every 200 square feet, under air-conditioned space, of the rental unit if the building is being rented out in its entirety. If only a room (or rooms) is being rented, or the rental unit is also being concurrently occupied by the owner (or other), then the maximum occupancy shall be calculated as one person for every 150 gross square feet of the room (or rooms) being rented. For the purpose of this definition, a person shall mean any individual over the age of five (5) years.

Total Square Feet Under Air: _____ Divided by 200 = _____ MAXIMUM OCCUPANCY

Parking Calculation Worksheet:

The maximum allowed on-site parking for each rental single-family dwelling shall be based on the number of dedicated 9'6" x 19' spaces on the lot in which the dwelling rental occupies. All on-site parking spaces and maneuvering areas shall comply with the surface material requirements set forth in section 125-315 of the Fort Pierce Code of Ordinances.

Please attach a sketch of the parking areas and identify the number of parking spaces: _____

Google images or aerial photo is acceptable.

RESPONSIBLE PERSON REGISTRATION:

Check one:	<input type="checkbox"/> Initial Registration	<input type="checkbox"/> Updated/Change Registration	
Rental Unit Location Address (include Unit #)			
Responsible Person (RP) or Management Company (MC)			
RP/MC Physical Address			
RP/MC Mailing Address (if different)			
Primary RP/MC Telephone #		Alt. RP/MC Telephone #	
RP/MC Email Address:			
<i>Alternate Responsible Person is not required, but may be helpful.</i>			
Alternate Responsible Person (ARP) if desired			
ARP Physical Address			
ARP Mailing Address (if different)			
ARP Telephone #		Alt ARP Telephone #	
ARP Email Address:			

REQUIREMENTS:

Responsible person shall officially reside in a dwelling unit located within St. Lucie County. Proof of residency shall be demonstrated to the city clerk's office in the form of a Florida Driver's License or Florida Identification Card only, pursuant to Section 22-509 of the Fort Pierce Code of Ordinances.

I hereby certify under penalties of perjury that the above information is true and correct. I further acknowledge that any misstatement, omission or false representation made by me in this application may result in the revocation of registration.

Signature of Applicant

Date

FLORIDA DRIVER'S LICENSE OR ID PRODUCED AND VERIFIED:

City Clerk's Office

Date