



City of Pompano Beach
 Department of Development Services
 Business Tax Receipt Division

License Year _____

100 W. Atlantic Blvd Pompano Beach, FL 33060

Application for BTR for Rental Property

Phone: 954.786.4654 Fax: 954.786.4666 Email: Linda.cebrian@copbfl.com

Owner's Name (s) _____ Date _____

Type of Ownership: Corporation LLC Partnership Sole Proprietor

Owner's Social Security XXX-XX- _____ **OR** Owner's FEIN # _____

Address of the Property _____ Zip _____

Type of Rental Unit: Single-family Home Duplex Triplex Fourplex Condo / Townhome

Name of Applicant _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone _____ Home Phone _____

E-Mail Address _____

Giving false information on this application is unlawful and may result in prosecution, suspension or revocation of your Business Tax Receipt.

 (Print) **X** _____
Owner, Partner, or Corporate Officer's Name **Owner, Partner, or Corporate Officer's Signature**

FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE)						
Transfer of:	Name	Ownership	Address	New	Inventory Increase	Category change
Transferred Account No.:			Transferred License No.:			
Zoning District:		Paid by: Cash	Check No.		Date Paid:	Receipt No.:
The above described business has been determined to be		in compliance with use requirements of the district in which the activity is proposed to be located.				
		not in conformance with the use requirements of the district in which the activity is proposed to be located.				
Category:					Account Number:	
Ord. No.:						
Zoning Fee:					Zoning Official:	
Administrative Fee:						
Penalty Fee:					Business Tax Receipt Official:	
Business Tax Fee:						
Transfer Fee:					Total \$:	Date Issued:
Sub Total:						



Florida's Warmest Welcome

City of Pompano Beach
 Department of Development Services
 Planning & Zoning Division

100 W. Atlantic Blvd Pompano Beach, FL 33060
Phone: 954.786.4654 **Fax:** 954.786.4666

Zoning Use Certificate
RENTAL HOUSING \$30.00 Processing Fee

- Approval of a Zoning Use Certificate does not give you permission to open for business.
- You must complete a Business Tax Receipt application and pay the appropriate fees before opening for business.
- Approval of a Zoning Use Certificate is only good for 60 days, after which you must re-apply and pay a new fee.

Type of Rental Unit (√)	Single-Family Home	Duplex
	Condo / Town House	Triplex/ Fourplex

Applicant		Rental Property Information	
Print Name and Title		Name of Business (or Sole Proprietor)	
Street Address		Street Address	
Mailing Address City/ State/ Zip		Mailing Address City/ State/ Zip	
Phone Number		Phone Number	
Fax Number		Fax Number	
Email		Email	

Signature	Date
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24 hour contact person / Local Designated Representative

24-hour contact person shall maintain a residence or permanent place of business within the jurisdictional limits of Palm Beach, Broward or Miami-Dade Counties.

Print Name and Title	
Name of Business (if applicable)	
Mailing Address City/ State/ Zip	
Email	
Phone Number	

FOR STAFF USE ONLY (DO NOT WRITE BELOW THIS LINE)

Zoning District:	Paid by: Cash Check No. _____	Date Paid:	Receipt No.:
	(non-refundable)		

The above described business has been determined to be	in compliance with use requirements of the district in which the activity is proposed to be located.
	not in conformance with the use requirements of the district in which the activity is proposed to be located.

Additional comments:

Reviewed by:	Approved:	Date:	Date Applicant Notified:
	Denied:		



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AFFIDAVIT: DWELLING UNIT OCCUPANCY

State of Florida}
County of Broward}

I _____ am the _____ of the property
(Print Name) (Property Owner or Local Designated Representative)
located at _____ in the City of Pompano Beach, FL.
(Address)

I acknowledge that I have been advised of and understand the provisions of the City of Pompano Beach Code of Ordinances **Chapter 153**, pertaining to Rental Housing (copy attached). I agree that the property listed above shall be in compliance with Code of Ordinances **Chapter 153**, and as well as all city code requirements.

I acknowledge that I have been advised of and understand the provisions of the City of Pompano Beach **Zoning Code Article 9** pertaining to the definition of " Dwelling Unit " and " Family ". I agree that the property listed above shall be in compliance with the **Zoning Code Article 9** definitions of " Dwelling Unit " and " Family ", unless otherwise authorized pursuant to other provisions of the Pompano Beach Code of Ordinances.

Zoning Code Article 9

Dwelling Unit - "A room or combination of connected rooms within a dwelling that constitutes a single and separate habitable unit that contains independent living, sleeping, and sanitation facilities (and may or may not contain cooking facilities), and that is used or designed for occupancy on a weekly or longer basis by only one family. The term "dwelling unit" shall also include a habitable unit licensed by the state to provide a family living environment and care for a group of six or fewer unrelated persons who meet statutory definitions of a frail elder (Fla. Stat. §429.65), physically disabled or handicapped person (Fla. Stat. §760.25), developmentally disabled person (Fla. Stat. §393.063), nondangerous mentally ill person (Fla. Stat. §394.455), child determined to be dependent (Fla. Stat. §39.01 or §984.03), or child in need of services (Fla. Stat. §984.03 or §985.03), and that may include such supervision and care by supportive staff as may be necessary to meet the physical, emotional, and social needs of the residents."

Family - "An individual or two or more persons related by blood, marriage, state-approved foster home placement, or court-approved adoption—or up to three unrelated persons—that constitute a single housekeeping unit."

BEFORE ME, the undersigned authority, personally appeared _____(PRINT NAME) who after being duly sworn, deposes and says: *That I am the person whose signature appears below, and that the information I have provided above in this document is true and correct.*

Signature: _____

SWORN TO AND SUBSCRIBED before me this ____ day of _____ 20 ____, in Pompano Beach, Broward County, Florida.

Notary Public
Seal of Office

Notary Public, State of Florida

(Print Name of Notary Public)

_____ Personally Known

_____ Produced Identification

Type of identification Produced:

Print

Pompano Beach, Florida Code of Ordinances

§ 113.41 RENTAL HOUSING.

(A) The owner of every rental structure, structures containing a rental unit or units, or individually owned units, which are utilized as a dwelling for residential living purposes must obtain a business tax receipt for each rented structure or unit, including, but not limited to, single-family homes and condominium units, when the structure or any portion thereof is rented and not owner-occupied. All such rental structures and rental units shall comply with all minimum standards in Chapter 153: Rental Housing Code.

(B) All rental units and structures utilized as residential dwellings shall comply with all designated permitted lawful uses for the zoning district in which the rental unit or structure is located as set forth in Chapter 155: Zoning Code, and the use of said property for rental purposes shall not alter any such permitted uses.

(C) (1) All residential dwelling rental structures and rental units shall be subject to inspection by the city's Code Inspectors for compliance with all applicable Zoning, Building, Housing and Fire Code requirements, and for compliance with all requirements for rental housing in Chapter 153.

(2) Whenever a property containing a rental residential dwelling is sold or otherwise changes ownership, the new owner must:

(a) Apply for a new business tax receipt; and

(b) For any rental single-family home, schedule and obtain an inspection of the home by the city's Code Inspectors, to ensure compliance with all applicable Zoning, Building, Rental Housing and Fire Codes, and that all uses of the property are lawful and permitted. This inspection shall be required within 60 days of application as part of the application process for issuance of the new business tax receipt. Failure to obtain and pass such inspection shall be grounds for revocation of any business tax receipt issued. No fees paid for any business tax receipt shall be refunded upon any such revocation.

(Ord. 2007-57, passed 7-10-07; Am. Ord. 2008-47, passed 6-24-08; Am. Ord. 2014-09, passed 12-10-13)