



City of Greenacres

Building Department

5800 Melaleuca Lane • Greenacres • Florida • 33463-3515
Ph: 561-642-2053 • Fax: 561-642-2049 • www.ci.greenacres.fl.us

Application Date _____

Business ID # _____

Rental Property Application

PROPERTY OWNER

(Dueño de la Propiedad)

Name _____ Phone _____
(Nombre) (Telefono)

Address _____
(Direccion) (Street) (City) (State) (Zip)

Mailing Address _____
(Direccion del correo) (Street) (City) (State) (Zip)

Pursuant to F.S. 205.0535 (5) No Business Tax shall be issued unless the FEIN number or SSN number is obtained from the person to be taxed. If a FEIN is not available the applicant must complete the attached form with the Social Security number for the person being taxed pursuant to section FS. 119.071 (5).

FEIN _____ or Social Security Number (To be completed on S.S. Confidential Release form.)

RENTAL PROPERTY

(Propiedad de arriendo)

NUMBER OF UNITS _____
(Numero de unidades)

Address _____ Greenacres, FL _____
(Direccion) (Street) (Zip)

Address _____ Greenacres, FL _____
(Direccion) (Street) (Zip)

Address _____ Greenacres, FL _____
(Direccion) (Street) (Zip)

Address _____ Greenacres, FL _____
(Direccion) (Street) (Zip)

Address _____ Greenacres, FL _____
(Direccion) (Street) (Zip)

CODE ENFORCEMENT CASE NUMBER (IF APPLICABLE) _____

(Violacion deCodigo, si aplica # de caso)

Will unit require remodeling or renovations? Yes No

(La unidad requiere renovaciones o remodelacion)

FOR OFFICE USE ONLY

DISTRICT _____ ZONE _____ PCN # _____

COMMENTS _____

TOTAL # OF UNITS _____ FEE PER UNIT \$ _____ \$ _____

RESIDENTIAL RENTAL INSPECTION FEE PER UNIT \$ 25.00 \$ _____

TOTAL FEE \$ _____

INSPECTION DATE _____

The City of Greenacres Code of Ordinances, sections 5-8 and 8-72 (b) (9), requires a safety inspection and valid Local Business Tax Receipt (formerly known as Occupational License) for all dwelling rental units located within city limits. A safety inspection must be scheduled within thirty (30) days of application to avoid any penalties and/or Code Enforcement action. It is the responsibility of the property owner to schedule such inspection.

To schedule an inspection please call 561-642-2053

Property Owner Initial _____

Pursuant to The City of Greenacres Code of Ordinance, section 9-4 (a) (b), It is unlawful to lease or rent real property to certain sexual offenders and sexual predators, if such dwelling, or part thereof, is going to be used as a permanent residence or temporary residence of the person, and the dwelling is located within 1,500 feet of any designated school, public library, day care center, park, playground, community center, day camp, or other place where children regularly congregate. A property owner or property manager's failure to comply with the requirements of this section shall constitute a violation of this section, and shall subject the property owner, property manager or other person or entity in the care, custody or control of the real property to enforcement proceedings as authorized by Chapter 2 of this Code or by any other means of enforcement allowed by law.

Property Owner Initial _____

I hereby declare that under penalties of perjury I have read the regulatory provisions set forth above and agree to the standards and conditions set forth therein, and certify that the information given on this application is true.

(Yo declaro que bajo las penalidades de perjurio he leído y estoy de acuerdo con los niveles y las condiciones establecidas, y certifico que la información escrita es verdadero y correcto).

Signature of Applicant _____ **Date** _____
(Firma del aplicante) *(Fecha)*

NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

The forgoing instrument was acknowledged before me this _____ date by the applicant,
_____ who is personally known to me or who has produced
_____ as identification.

Notary Signature _____

SEAL: