



CITY OF SOUTH DAYTONA
Community Development Department

Rental Housing Business Tax Receipt Application

Pursuant to Article II, [Section 16-19.13](#) of the Code of Ordinances

Zoning: _____	BTR Account ID#: _____
---------------	------------------------

Note: Only complete applications will be processed. ONLY VALID FOR 30 DAYS

RENTAL PROPERTY INFORMATION			
Property Address			
Tax Parcel ID Number			
Property Type	<input type="checkbox"/> Single-family residence <input type="checkbox"/> Duplex <input type="checkbox"/> Triplex <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home		
Total Number of Rental Units			
PROPERTY OWNER INFORMATION			
Name			
Address			
Mailing Address			
Phone		E-mail	
FEIN or Social Security Number (Required per FL Statute 205.0535)			
Driver's License Number		State	
PROPERTY MANAGER/AUTHORIZED AGENT (if not applicant)			
Company Name			
Agent Name			
Mailing Address			
Phone		E-mail	
Notarized Authorization of Owner attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Preferred mailing address? <input type="checkbox"/> Property Owner <input type="checkbox"/> Property Manager			
PUBLIC SAFETY			
Persons to notify in case of emergency. Must be local; available 24 hours a day, 7 days a week; and have key to subject property.			
Name		Phone	
Name		Phone	

The license year is from October 1 through September 30.

I understand that issuance of a Business Tax Receipt does not mean or imply that the subject property has passed inspection by the City. **The City will conduct an annual code inspection of the property.**

I certify that all the information contained herein is true and correct to the best of my knowledge and belief. If any portion is found to be false or misrepresented, such fact may be just cause for immediate revocation of any Business Tax Receipt issued to me. It is further understood that I must comply with the code of the City of South Daytona and failure to correct conditions which are in violation is punished under the code or sufficient cause for revocation of my Business Tax Receipt.

Signature of Applicant

Date

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____ by _____, who is personally known to me or who has produced _____ (type of ID) as identification.

Notary Public Signature

Notary Stamp

•Office Use Only•

_____ Utility Billing	_____ Finance	_____ Code	
___ Owner Authorization	___ Property Appraiser	___ Application complete	___ Driver's License
BTR fee code: _____	Balance due: _____		
<input type="checkbox"/> Notified of issuance/balance due: _____	<input type="checkbox"/> Fee balance paid on: _____		
<input type="checkbox"/> Inspection Scheduled: _____	<input type="checkbox"/> Inspection Pass Date: _____		
Customer # _____	Bill # _____		



Rental Housing Inspection Checklist

Address:	BTR # :
Property / Owner Name:	Inspector:
Contact Phone / Email:	Date / Time Completed:

Check the box next to each item ONLY if the item is found to be in compliance.

Exterior Checklist		Interior Checklist	
<input type="checkbox"/> Junk, rubbish & trash Trash, tires, scrap wood or metal or items not intended for outdoor use. Notes:	<input type="checkbox"/> Dumpsters & Trash cans Must be properly enclosed, free from trash overflow, and properly covered. Notes:	<input type="checkbox"/> Entry Doors Entry doors have a standard deadbolt with latch at interior (no key deadbolts). All doors must be weather sealed and working properly. Notes:	<input type="checkbox"/> Fire Extinguishers Must be properly serviced, labeled, and stored. Notes:
<input type="checkbox"/> Overgrown vegetation Property must be clear from any overgrown vegetation and/or weeds. Notes:	<input type="checkbox"/> Stairways Landings, treads, risers, and railings: Must have clear access. Must not be rotting, deteriorating or loose. Notes:	<input type="checkbox"/> Plumbing Unit must have proper plumbing throughout unit. No leaks. P-traps, proper caulking. Toilets must be secured to ground and sinks must be secured to walls. Notes:	<input type="checkbox"/> Water Heaters Unit must have hot and cold running water. Water heaters are installed in an approved location, operable temperature relief valve and drain line, venting. Notes:
<input type="checkbox"/> Inoperable Vehicles Inoperative and/or derelict vehicles are not permitted. A vehicle is considered inoperable if a current tag isn't displayed and/or it is not fully equipped to legally and safely operate on public streets. Notes:	<input type="checkbox"/> Walls and Roofing Walls must be clear of holes, missing sections, must not be collapsing, buckling or sagging. Roof must be free from any holes, leaks, etc. Notes:	<input type="checkbox"/> Electrical Unit must have electrical power. All wiring must be in good working condition – no spliced wiring, no exposed wiring, and all outlets and switch plates must have appropriate coverings. Electrical panel must be labeled. GFCI outlets must function and be installed in bathrooms, kitchen, exterior, and garage. Notes:	<input type="checkbox"/> Walls, Ceiling & Flooring Walls must be clear of holes, missing sections, must not be collapsing, buckling or sagging. Floors must be in good condition, free from holes or missing pieces and do not create a trip hazard or unsanitary conditions. Notes:
<input type="checkbox"/> Infestation of rodents Property must be clear of all vector or rodent infestations. Notes:	<input type="checkbox"/> Ext. Lighting / Walkways Exterior Lighting must function properly and must have cover and be free from any exposed wiring. Exterior Walkways must remain clear at all times and free from any trip hazards. Notes:	<input type="checkbox"/> Mechanical / Heat All mechanical equipment in the unit must properly function including; appliances, vents, thermostats, air conditioning unit – if provided, etc. *Bathrooms must have operable window or exhaust vent. Notes:	<input type="checkbox"/> Windows All windows must have proper weather protection (screens) and can be opened and closed easily, and have no missing or broken glazing. Bedroom egress windows are not blocked by furniture and any security bars can be released from the interior. Notes:
<input type="checkbox"/> Smoke Detectors Smoke detectors are working, and are located in hallways leading to rooms used for sleeping purposes or are installed and maintained in compliance with the Code. Installation must be per manufacturer's instruction.		Number of bedrooms: Number of Smoke Detectors: Number of Smoke Detectors Working Properly:	Overcrowding: Per City Code - no more than two (2) unrelated persons reside in a Single-Family Dwelling that is located in a single-family zone.
			Number of persons residing in home Number of family's Notes:

Self- Inspection Certification:

I certify that I have inspected the aforementioned unit and that the information above is true and correct to the best of my knowledge.

Copies of this form should be sent to South Daytona Code Compliance, PO Box 214960, South Daytona, FL 32121-4960

Signature: _____

Printed Name: _____

Date: _____

Contact Number: _____

Email Address: _____

Relationship to Property:

Owner

Property Manager

Other

PLEASE NOTE

This form is to help guide the Property Owner to inspect the home before scheduling inspections. Any inspection failed a fee will be applied. All items must be corrected before scheduling another inspection.

1st Failed Inspection : \$52.02

2nd Failed Inspection : \$62.42

3rd Failed Inspection : \$249.70

Rental Inspector: Matt Miavez

Phone #: 386-322-3019

Email: MMiavez@southdaytona.org

Sec. 16-19. (13) Each dwelling unit licensed [permitted] for rental must pass an annual inspection by a city code inspector(s). The purpose of the annual inspection shall be to determine compliance with the International Property Maintenance Code, other applicable codes, and the supplemental provisions of this subsection. Annual inspection of such properties shall be accomplished in a systematic manner according to administratively determined plans and schedules.



CITY OF SOUTH DAYTONA
Community Development Department
Business Resources

Volusia County Business Tax Receipts

www.volusia.org/revenue/btrinfo.htm

Daytona Office: (386) 254-4635

New Smyrna Beach Office: (386) 423-3325

Florida Division of Corporations – Fictitious Name, LLC, Incorporation

www.sunbiz.org

(850) 245-6000

Florida Department of Business and Professional Regulations (DBPR) – State Licensing

www.myfloridalecense.com

(850) 487-1395

Florida Department of Revenue – Florida Sales Tax

<https://floridarevenue.com/taxes>

(800) 352-3671

Internal Revenue Service – Federal Employee Identification Number (FEIN)

www.irs.gov

(800) 829-4933

Florida Department of Agriculture and Consumer Services – State Licensing/Permits

www.freshfromflorida.com

(800) 435-7352

Division of Plant Industry – Nursery Registration

www.freshfromflorida.com/divisions-offices/plant-industry

(352) 359-4700

Florida Department of Financial Services – State Licensing, Worker’s Compensation

www.myfloridacfo.com/division/agents/licensure

(850) 413-3137

Division of Alcoholic Beverages & Tobacco

www.myfloridalicense.com/dbpr/alcoholic-beverages-and-tobacco/

(850) 487-1395

Port Orange/South Daytona Chamber of Commerce

www.pschamber.com

(386) 761-1601

Small Business Development Center

www.sbdcdaytona.com

(386) 506-4723

Note: *The is a guide for your convenience; however, additional items may be required to process your application. If you require additional information, please call our office at 386-322-3020. Incomplete applications cannot be processed.*