



**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 # _____



**CITY OF SOUTH DAYTONA**  
**Community Development Department**  
**Notarized Authorization of Property Owner**  
For Rental Housing Business Tax Receipts

**Note:** Agents acting on behalf of the property owner must provide proof of agent authorization.

To whom it may concern:

I, \_\_\_\_\_, do hereby authorize my property  
(Authorized Property Owner)

manager, \_\_\_\_\_, to obtain a Rental Housing  
(Name of Property Management)

Business Tax Receipt located at \_\_\_\_\_.  
(Street Address)

I further authorize \_\_\_\_\_ and/or their representative to  
(Name of Property Management)

grant approval to regulatory agencies or others as required to access and inspect the  
above referenced property to secure required approvals.

\_\_\_\_\_  
Signature of Property Owner/Authorized Agent

\_\_\_\_\_  
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



## 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"/> <b><u>Junk, rubbish &amp; trash</u></b> Trash, tires, scrap wood or metal or items not intended for outdoor use.  Notes:	<input type="checkbox"/> <b><u>Dumpsters &amp; Trash cans</u></b> Must be properly enclosed, free from trash overflow, and properly covered.  Notes:	<input type="checkbox"/> <b><u>Entry Doors</u></b> 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"/> <b><u>Fire Extinguishers</u></b> Must be properly serviced, labeled, and stored.  Notes:
<input type="checkbox"/> <b><u>Overgrown vegetation</u></b> Property must be clear from any overgrown vegetation and/or weeds.  Notes:	<input type="checkbox"/> <b><u>Stairways</u></b> <b><u>Landings, treads, risers, and railings:</u></b> Must have clear access. Must not be rotting, deteriorating or loose.  Notes:	<input type="checkbox"/> <b><u>Plumbing</u></b> 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"/> <b><u>Water Heaters</u></b> 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"/> <b><u>Inoperable Vehicles</u></b> 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"/> <b><u>Walls and Roofing</u></b> 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"/> <b><u>Electrical</u></b> 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"/> <b><u>Walls, Ceiling &amp; Flooring</u></b> 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"/> <b><u>Infestation of rodents</u></b> Property must be clear of all vector or rodent infestations.  Notes:	<input type="checkbox"/> <b><u>Ext. Lighting / Walkways</u></b> 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"/> <b><u>Mechanical / Heat</u></b> 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"/> <b><u>Windows</u></b> 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"/> <b><u>Smoke Detectors</u></b> 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.		<b><u>Overcrowding:</u></b> 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 bedrooms:	Number of persons residing in home
		Number of Smoke Detectors:	Number of family's
		Number of Smoke Detectors Working Properly:	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](mailto: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](http://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](http://www.sunbiz.org)

(850) 245-6000

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

[www.myfloridalecense.com](http://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](http://www.irs.gov)

(800) 829-4933

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

[www.freshfromflorida.com](http://www.freshfromflorida.com)

(800) 435-7352

**Division of Plant Industry – Nursery Registration**

[www.freshfromflorida.com/divisions-offices/plant-industry](http://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](http://www.myfloridacfo.com/division/agents/licensure)

(850) 413-3137

**Division of Alcoholic Beverages & Tobacco**

[www.myfloridalicense.com/dbpr/alcoholic-beverages-and-tobacco/](http://www.myfloridalicense.com/dbpr/alcoholic-beverages-and-tobacco/)

(850) 487-1395

**Port Orange/South Daytona Chamber of Commerce**

[www.pschamber.com](http://www.pschamber.com)

(386) 761-1601

**Small Business Development Center**

[www.sbdcdaytona.com](http://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.*