

Fee: \$56.00

Other fees:

Total: _____



Landlord Registration Application

FOR OFFICE USE ONLY
License

A registration fee of **\$56.00** (check payable to City of Coral Springs) along with the Maintenance Standards checklist (for single-family, townhomes and semi-attached rentals only) is required to be submitted with this application.

PROPERTY INFORMATION

Property Address: _____

Broward County Folio: 48-41-____ - ____ - ____ #of Buildings Registering: _____

Dwelling Type: (Circle one) Single Family Duplex Triplex Four-plex Townhouse Condominium Other

Property Owner: _____

If property owner is corporation, LLC, partnership or other entity, state of incorporation _____

Property Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Cell Phone #: _____

Email: _____ Fax #: _____

IF THE OWNER RESIDES OUT OF THE TRI-COUNTY AREA (BROWARD, MIAMI-DADE, OR PALM BEACH COUNTIES) THEY SHALL DESIGNATE A LOCAL PROPERTY MANAGER/AGENT THAT MAY BE THE FIRST POINT OF CONTACT AS IT RELATES TO THE PROPERTY.

Name of the Property Manager or Agent: _____

Address of the Property Manager or Agent: _____

Phone # of Property Manager or Agent: _____

Email of Property Manager or Agent: _____

Name of the Community/Complex: _____

Name and Address of Association: _____

Contact Phone #: _____ Emergency #: _____

Have you or your principal agent ever been cited for or found in violation of any required housing codes? YES _____ NO _____ If yes, please provide a brief description of the violation and jurisdiction where this occurred:

BY INITIALING BELOW I ACKNOWLEDGE AND AGREE THAT I HAVE REVIEWED SECTION 215 OF THE LAND DEVELOPMENT CODE RELATED TO THE LANDLORD REGISTRATION PROGRAM AND ACKNOWLEDGE THAT I WILL DO THE FOLLOWING:

1. _____ I will maintain a listing of the names of tenants residing within the units. I am not required to submit this listing with the registration; however, the listing will be made available to the city upon reasonable notice;

2. _____ I will review the up-to-date list of sexual offenders and sexual predators and certify that all tenants and prospective tenants have and will be screened to ensure that no residents of the dwelling units is a sexual predator or sexual offender, and pursuant to city code, there are no violations related to the sexual offender and sexual predator residence prohibition (Coral Springs Code of Ordinances Chapter 14, Article III regulates where within the City of Coral Springs sexual predators/offenders may live. You may review the list of registered sexual predators/offenders on the Broward County's Sheriff's Office website www.sheriff.org);

3. _____ If the property is sold or transferred to a new owner, I will notify the new owner of the requirements of section 215 of the City's Land Development Code and advise the new owner that a new registration is required to be submitted within thirty (30) calendar days of the change in ownership;

4. _____ Provide to tenants a copy of the following information:
Florida's Landlord/Tenant Law Chapter 83, Part II

5. _____ Should any information included with this registration change subsequent to the initial filing, I will update the information within thirty (30) calendar days.

By signing below, I also further acknowledge that I have carefully reviewed this application and all facts, figures, and statements contained in this application are true, correct and complete. I further understand that failure to comply with the city's ordinances may result in the issuance of a citation or a notice of violation/notice of hearing that may require a hearing before a special magistrate and could result in administrative fines being imposed.

I HAVE READ THIS APPLICATION AND I HEARBY CERTIFY UNDER OATH THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant: _____ Date: _____

Title/Capacity in relation to property _____

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by (name of person making statement).

(Signature of Notary Public)

(NOTARY SEAL)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Mail check and completed documents to: City of Coral Springs, Business Tax Office, 9500 W. Sample Road, Coral Springs, FL 33065