



6001 Highway A1A, Indian River Shores, FL 32963
(772) 231-1771

Inspector Jacob Maikranz
Building Department
Phone: 772-231-1771
Email: code@irshores.com

SHORT TERM VACATION RENTAL PROPERTY OWNER'S INFORMATION

Property owners in the Town of Indian River Shores who wish to use property as a short-term vacation rental (STVR) must comply with the provisions of Section 161.12, Code of Ordinance (2024). Please review this section of the Code of Ordinances as it provides procedures and guidelines for renting property classified as a STVR.

As a quick reference, here are some things you need to know:

1. **STVR:** A Vacation or Short-Term Rental (STVR) is any residential dwelling rented or leased more than three (3) times in a calendar year for a period of less than 30 days.
2. **Designated Responsible Party:** The owner or a person named by the owner who is age 18 years or older. This person shall be tasked with responding to requests, complaints or other issues related to the rental property. A private property management company may be designated to serve in this capacity.
3. **Registration:** The Town requires registration through the Building Department. This is limited to one property per registration.
4. **Exemptions.** If legal documents (i.e. Declaration of Condominium, Declaration of Covenants, Rules & Regulations, etc.) of an owner's HOA or Condominium Association already contain restrictions regarding short-term vacation rentals, per Town Code, the Town's licensing process does not apply. **NOTE:** The HOA must provide a letter to the Town certifying that procedures have been adopted for short-term rentals that meet or exceed the provisions of the Town's Ordinance. Upon receipt of this certification, the Town shall issue a letter of compliance, and no further registration shall be required. If the HOA/Condominium Association has restrictions in excess of Town Ordinance regulations, the HOA/Condo restrictions apply.

5. **Documentation Required.** The following **must** be supplied upon registration:

- State of Florida DBPR License.
- A local tourist tax account number from Indian River County Clerk of the Circuit Court.
- A local business tax application from the Town of Indian River Shores. ***Notary Required***
- Short-Term Vacation Rental Registration and Acknowledgement Form ***Notary Required***

Once the required Life Safety Inspection is **Approved** and compliance with all requirements of the Code of Ordinances is verified by the Building Inspector, a Local Business Tax Receipt will be issued to the applicant.

Each fiscal year, the applicant shall submit a copy of a valid current State of Florida DBPR License to the town Building Department, and a copy of both the Local Business Tax and STVR Tax receipt upon renewal.

If you have any questions, please contact Inspector Jacob Maikranz, Building Department at code@irshoes.com or 772-231-1771.



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SHORT TERM VACATION RENTAL REGISTRATION FORM

If you have any questions about this form, please contact Inspector Jacob Maikranz, Building Department at code@irshores.com or 772-231-1771.

DATE: _____

Note: Required Acknowledgement Form ATTACHED

Short Term/Vacation Rental Unit Address: _____

Applicant Name: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip: _____

Applicant Phone Number(s): (Cell) _____ (Home) _____

Applicant Email Address: _____

Is Applicant the Property Owner? Yes [] No, Designated Responsible Party []

If NO, Property Owner Contact Information: _____

1. Rental Unit Manager Contact Information (If Not the Same as Applicant):

Manager Name: _____

Cell Phone Number: _____ Email: _____

Mailing Address: _____

2. Total Number of Bedrooms/Baths: _____ / _____ Square Footage of Rental Unit: _____ SF

3. **Please attach the following:**

Attached

- a. State DBPR License for Vacation Rental Unit
- b. Local Tourist Tax Account # from the Indian River County Clerk of the Circuit Court
- c. Completed Local Business Tax Receipt Application
- d. Completed Life Safety Permit Application
- e. Short Term Vacation Rental Acknowledgement Form
- f. Sketch or Aerial Photo Showing Parking Spaces

4. **Parking Information:**

Location and Number of Parking Spaces Accommodated on Improved or Stabilized Driveway
(Attach Sketch or Aerial Photo)

Attach Sketch or Aerial Photo Here

5. Verification that **State Required Fire Protection Items** have been provided in the Short Term/Vacation Rental Unit: Smoke Alarms, Emergency Lighting, Fire Extinguisher, and Carbon Monoxide (CO) Alarm(s) (When Required).

6. Unit is served by **(Check One)**:

Public Sewer _____

On-site Septic/Drain Field System _____

7. HOA/Condo Association approval to operate unit as a Short-Term Vacation Rental?

Yes: _____

No: _____

N/A: _____

THE ABOVE INFORMATION AND STATEMENTS ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE WILL COMPLY WITH CHAPTER 161 OF THE LAND DEVELOPMENT CODE OF THE TOWN OF INDIAN RIVER SHORES, FLORIDA.

PROPERTY OWNER(S) NAME (PRINT): _____

PROPERTY OWNER(S) SIGNATURE(S): _____ DATE: _____

DATE: _____

STATE OF _____

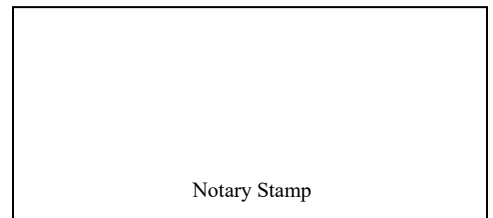
COUNTY OF _____

SWORN AND SUBSCRIBED TO BEFORE ME BY _____ THIS ____ DAY OF _____, 20____, WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED _____ AS IDENTIFICATION, AND WHO DID/DID NOT TAKE AN OATH.

NOTARY PUBLIC SIGNATURE: _____

PRINT NAME: _____

MY COMMISSION EXPIRES: _____



FOR OFFICE USE ONLY

REVIEWER: _____ DATE RECEIVED: _____

ACKNOWLEDGEMENT FORM ATTACHED: Yes [] No []

APPROVED: _____ DENIED: _____ DATE: _____

COMMENTS: _____



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SHORT TERM VACATION RENTAL LIFE SAFETY INSPECTION CHECKLIST

Owner Name: _____

Address: _____

****THIS SECTION TO BE COMPLETED BY THE INSPECTOR****

Inspection requested by applicant: _____ Date: _____

Inspection completed on: _____ Date: _____

Re-Inspection (if needed): _____ Date: _____

PROPERTY FILE AND/OR UNIT INFORMATION:

Number of beds/baths per IRC Property Appraiser:	(____) Beds	(____) Baths
	YES	NO
a. Central Sewer	_____	_____
b. Septic	_____	_____
c. Guest house	_____	_____
d. Garage/carport	_____	_____
e. Swimming pool/spa	_____	_____
f. Carbon monoxide alarms	_____	_____
g. Gas appliances	_____	_____
h. Garage	_____	_____
i. Permitted additional parking areas Besides driveway?	_____	_____

INSPECTION

Parking

- j. Total number of garage and/or carport parking spaces Actual _____
k. Number of parking spaces on paved or stabilized driveway Actual _____

Occupancy/Bedrooms

- l. Number of Bedrooms Actual _____
m. Number of Beds Actual _____

Fire & Life Safety

- n. Smoke alarms:
a. 1 per floor Yes [] No []
b. 1 per bedroom area (within 10 feet) Yes [] No []
c. 1 per bedroom Yes [] No []
d. Interconnected/hardwired/10-year battery Yes [] No []
e. Batteries changed? Yes [] No []
o. Emergency/Exit lighting (at primary exit, wired) Yes [] No []
p. Fire extinguisher(s) (1 Class 2-A-B-C w/ current tag in kitchen) Yes [] No []
q. Carbon monoxide alarm (may be SD/CO combo alarm) Yes [] No []
r. Pool/Hot Tub Safety Barrier installed Yes [] No []

Posted or Displayed Information Inside Rental Unit

- s. Property address Yes [] No []
t. Manager/Designated Responsible Party contact information Yes [] No []
u. Maximum number of parked vehicles and approved parking locations (**NO boats, trucks, or RV's** allowed outside of garage) Yes [] No []
v. Trash and recycling pick-up days. Ordinance for placing and retrieving containers Yes [] No []
w. Noise regulation Ordinance: No excessive noise that would cause annoyance to any reasonable person of normal sensitivity from 10 PM to 7 AM Yes [] No []
x. Location of smoke alarms and fire extinguisher(s) Yes [] No []
y. Emergency and hospital information Yes [] No []
z. **Posted** Maximum Occupancy Yes [] No []

Comments:



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SHORT TERM VACATION RENTAL ACKNOWLEDGEMENT FORM

If you have any questions, please contact Inspector Jacob Maikranz, Building Department at code@irshores.com or 772-231-1771.

1. I have reviewed and understand the following Short Term/Vacation Rental Regulations:

- a. Special parking regulations. Sec. 161.20, § (C)(2) & (3)
- b. Noise regulations. Sec. 161.20, § (B)(3)(f)(3)
- c. Fire safety requirements. Sec. 161.20, § (C)(5); STVR Registration Form #5; Florida Fire Prevention Code NFPA 101 Ch. 24 – Sec. 24.3.4.2
- d. Maximum sleeping occupancy limitations. Sec. 161.20, § (C)(4)
- e. Fines and citation penalties for violations. (Resolution 19 - 15)
- f. No commercial events may be held at the residence, including weddings. Sec. 161.20, § (B)(3)(f)(1)
- g. Beach & Boat related restrictions. Sec. 161.20, § (B)(3)(f)(4 & 5)

2. The following information has been posted or displayed inside the vacation rental unit:

- a. Property Address.
- b. Managers contact information.
- c. Maximum number/limit of parked automobiles, RV's and boats, and approved parking locations.
- d. Trash and recycling pick up days and protocol for placing and retrieving containers.
- e. Noise regulations: No excessive noise that would cause annoyance to any reasonable person of normal sensitivity from 10 PM to 7 AM.
- f. Location of smoke alarms, emergency lighting, and fire extinguisher.
- g. Emergency information.
- h. Maximum sleeping occupancy. (number of persons)
- i. For rental units East of A1A: Federal Endangered Species Act 1973, FL Statute 379.2431, and Florida Statute Chapter 161.053 (l)(a). (Sea turtle and sand dune protection)

3. I have contacted any applicable property owner's association or homeowners/condominium associations and am aware of any applicable private restrictions.

4. I agree that any advertisement and any rental offering associated with the vacation rental unit will contain the following information:
- a. Local Business Tax Receipt Number.
 - b. Occupancy limit confirmed by the Building Department/Fire Inspector.
 - c. Maximum number of vehicles allowed to be parked outside a carport or garage.
 - d. Noise regulations summary.
5. I agree to authorize any/all inspections by the Town of Indian River Shores, or its designee.
6. I hereby acknowledge that I fully understand and have provided the appropriate information noted above:

Applicant Name (print): _____ Date: _____

Applicant Signature: _____

THE ABOVE INFORMATION AND STATEMENTS ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND I/WE WILL COMPLY WITH CHAPTER 161 OF THE LAND DEVELOPMENT CODE OF THE TOWN OF INDIAN RIVER SHORES, FLORIDA.

PROPERTY OWNER(S) NAME (PRINT): _____

PROPERTY OWNER(S) SIGNATURE(S): _____ DATE: _____

_____ DATE: _____

STATE OF _____

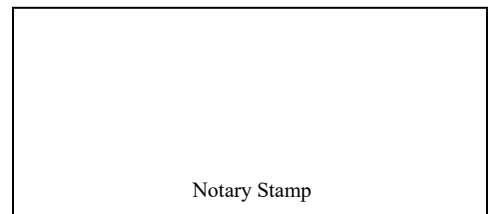
COUNTY OF _____

SWORN AND SUBSCRIBED TO BEFORE ME BY _____ THIS ____ DAY OF _____, 20____, WHO IS/ARE PERSONALLY KNOWN TO ME OR HAS/HAVE PRODUCED _____ AS IDENTIFICATION, AND WHO DID/DID NOT TAKE AN OATH.

NOTARY PUBLIC SIGNATURE: _____

PRINT NAME: _____

MY COMMISSION EXPIRES: _____



**TOWN OF INDIAN RIVER SHORES
LOCAL BUSINESS TAX APPLICATION**

DATE: _____

BUSINESS NAME: _____

D/B/A: _____

OWNER'S NAME: _____

BUSINESS LOCATION ADDRESS: _____

MAILING ADDRESS: (If different from location) _____

TELEPHONE: _____ EMAIL: _____

NATURE OF BUSINESS: _____

HOME BASED BUSINESS: Yes ☐ No ☐ (Check one)
(If yes, refer to Indian River Shores Code of Ordinances Sec. 161.12.-Home Occupations).

RETAIL ONLY: _____ SQUARE FEET OF FLOOR SPACE
\$ _____ INVENTORY (Per IRC Property Appraiser Tax Roll)

DRIVER'S LICENSE #: _____

FEDERAL EMPLOYER ID: _____

OWNER SIGNATURE: _____

NOTARY REQUIRED

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

The forgoing document was acknowledged before me this _____ day of _____, 20____, by
_____ who is personally known to me or who has produced
_____ as identification.

(affix seal)

X

Notary Public

****SO WE MAY UPDATE OUR RECORDS, PLEASE MAKE ANY CHANGES AND ATTACH COPIES OF
ALL REQUIRED STATE AND MUNICIPAL LICENSING APPLICABLE TO YOUR BUSINESS.**