



Short Term Rental Inspection Form PERMIT

PRO	PERTY OWNER INFORMATION:
Name or D/B/A (if applicable):	ERT SWIER IN GRIMATION.
Traine of Bibin (ii applicable).	
Property Address:	Suite/Unit #
Contact Person's Name:	
Owner Phone:	Other Phone:
Email Address:	
Owners mailing address (if different fr	om property address):
	ZONING APPROVAL
	of Oakland Park Municipal Code, a Short-Term Rental is subject to ling Code Enforcement, Building Inspectors, and Fire staff to confirm the following requirements.
□ NUMBER OF VEHICLES THAT CAN BI □ REGISTERED WITH FDBR, FLORIDA I COLLECTOR □ HOMESTEADED PROPERTY YES NO □ SOLID WASTE REQUIREMENTS (ON-S) □ GENERAL CITY ORDINANCE PROVISI □ STATEMENT THAT ALL OCCUPANTS POSTING OF ANY EVACUATION ORDER □ CHECK BEDROOM (S) TO ENSURE THE □ FIRE EXTINGUISHER PRESENT- FIRE	THE INTERIOR DOOR OF EACH BEDROOM (POSTED) E PARKED ON PROPERTY (ON-SITE) DEPARTMENT OF REVENUE AND BROWARD COUNTY TAX OSITE) IONS (ON-SITE) MUST PROMPTLY EVACUATE FROM THE PROPERTY UPON R ISSUED BY STATE OR LOCAL AUTHORITIES. HAT THE BEDROOM MEETS CITY CODE REQUIREMENTS.
Inspectors Signature	Date
Print Name	Approved/Denied