



Short Term Rental Inspection Form

PERMIT #

PROPERTY OWNER INFORMATION:	
Name or D/B/A (if applicable):	
Property Address:	Suite/Unit #
Contact Person's Name:	
Owner Phone:	Other Phone:
Email Address:	
Owners mailing address (if different from property address):	
ZONING APPROVAL	

Pursuant to Section 7-153 of the The City of Oakland Park Municipal Code, a Short-Term Rental is subject to inspection by City staff and agents, including Code Enforcement, Building Inspectors, and Fire staff to confirm compliance with Chapter 7-153, including the following requirements.

- LANDLINE WITH ABILITY TO DIAL 911(VoIP INTERNET PHONE PROVIDER IS ACCEPTABLE)
 - OWNERS NAME, ADDRESS AND TELEPHONE NUMBER (ON-SITE)
 - MAXIMUM OCCUPANCY (POSTED)
 - EVACUATION MAP POSTED NEXT TO THE INTERIOR DOOR OF EACH BEDROOM (POSTED)
 - NUMBER OF VEHICLES THAT CAN BE PARKED ON PROPERTY (ON-SITE)
 - REGISTERED WITH FDBR, FLORIDA DEPARTMENT OF REVENUE AND BROWARD COUNTY TAX COLLECTOR
 - HOMESTEADED PROPERTY YES NO
 - SOLID WASTE REQUIREMENTS (ON-SITE)
 - GENERAL CITY ORDINANCE PROVISIONS (ON-SITE)
 - STATEMENT THAT ALL OCCUPANTS MUST PROMPTLY EVACUATE FROM THE PROPERTY UPON POSTING OF ANY EVACUATION ORDER ISSUED BY STATE OR LOCAL AUTHORITIES.
 - CHECK BEDROOM (S) TO ENSURE THAT THE BEDROOM MEETS CITY CODE REQUIREMENTS.
 - MINIMUM 10LB CLASS A:B:C: (NFPA)CERTIFIED FIRE EXTINGUISHER WITH CURRENT INSPECTION TAG
 - ZONING VIOLATION (S), PARKING VIOLATIONS, TRASH, MINIMUM HOUSING STANDARDS, NOISE
 - SOUND METERS RECOMMENDED
- LIST VIOLATION: _____

REMARKS: _____

 Inspectors Signature

 Date

 Print Name

 Approved/Denied