



City of Destin Code Compliance Division

City of Destin Annex
4100 Indian Bayou Trail
Destin, Florida 32541
Phone (850) 654-1119
www.cityofdestin.com/cserve

APPLICATION FOR DETERMINATION OF GRANDFATHERING STATUS FOR SHORT-TERM RENTAL OCCUPANCY

Grandfathering Application must be completed online at:
www.cityofdestin.com/cserve

Paper applications will not be accepted

Application is not complete without payment of \$100 Application Fee.

Property Address: _____

Name of Short-Term Rental, if applicable: _____

I. Contact Information:

A. Owner(s):

Mailing Address:

Business Phone:

Cell: _____

Email:

B. Authorized Agent (if applicable):

Mailing Address:

Business Phone:

Cell: _____

Email:

II. PROPERTY INFORMATION:

- A. **General Information** (brief description of the short-term rental for which this application is seeking a grandfathering determination, including number of existing bedrooms):

Future Land Use Map Designation(s) on Property: _____

Zoning District(s) on Property: _____

Total Acreage and Square Footage of the Short-Term Rental: _____

III. SHORT TERM RENTAL INFORMATION:

1. Attach documentation providing the following information:

- a. The use as a short-term rental was existing and legally established as of January 22, 2019.
- b. The number of bedrooms in the short-term rental was existing and legally established as of January 22, 2019. The number of bedrooms shall be based upon the Property Appraiser's residential profile of the property, and other documents of record, as needed.
- c. The short-term rental must be registered with the City and must be in compliance with all applicable City of Destin codes and ordinances.

NOTE: This application must be filled out completely and must be signed by the owner or his designated agent. If the applicant is different than the owner of the subject property, then an agent affidavit is required from the owner of the property. The agent affidavit must be completely filled out and submitted with this application. If the property has multiple owners, then all owners or their designated agents must sign this application.

(Signature Page Follows)

The applicant is hereby notified that should any information on this form be found to be inaccurate or incomplete, any grandfathering status authorized in connection with this application will be revoked and the City may commence code compliance proceedings and any other legal and equitable means to obtain compliance with City Codes.

APPLICANT:

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

I HAVE READ THE INFORMATION IN THIS APPLICATION AND HAVE FILLED IN ALL ANSWERS CORRECTLY TO THE BEST OF MY ABILITY. I DO SOLEMNLY SWEAR AND AFFIRM THAT ALL OF THE INFORMATION ENTERED ON THIS FORM IS TRUE AND CORRET TO THE BEST OF MY KNOWLEDGE.

APPLICANT: _____

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____,

by _____
(name of person acknowledging)

Signature of Notary

Personally known _____ OR Produced Identification _____ Printed Name of Notary or Seal