

# CITY OF TEMPLE TERRACE FIRE DEPARTMENT

## Risk Reduction Division

11250 N. 56<sup>th</sup> St., P.O. Box 16930, Temple Terrace, FL 33687-6930

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### APPLICATION FOR RESIDENTIAL RENTAL HOUSING PERMIT WAIVER

#### PROPERTY INFORMATION

Property Address:

Parcel ID – PIN # :

HCPA Folio # :

#### OWNER INFORMATION

Name of Owner(s):

Owner's Address:

City/State/ Zip:

Property Owner Home Phone:

Business Phone:

Property Owner E-Mail Address:

#### PRIMARY PROPERTY MANAGEMENT/CONTACT INFORMATION

NOTE: **This local representative must be 18 years or older, available for contact 24 hours a day, 7 days a week**, regarding the dwelling unit. This person may be the owner, owner's agent, or any person other than the resident of the dwelling unit who has agreed to be the contact person. This contact shall maintain a local telephone number and current local address in Hernando, Hillsborough, Manatee, Pasco, Pinellas or Polk Counties.

Name of Manager/Agent/Contact Person:

Address: *(note: if a public or private post office box is listed as a mailing address, a local street address for the owner/agent must also be provided)*

City/State/Zip:

Contact Person Home Phone:

Business Phone:

Contact Person E-Mail Address:

#### WAIVER CATEGORIES

Please **select** the waiver request category applicable to the above-listed dwelling:

- Seasonal residence is used only by the property owner(s) and/or related family member(s) for a portion of the year and remains unoccupied the rest of the year.
- Residence if vacant for more than 90 days (includes residence for-sale).
- Residence with ownership held in trust and occupied by beneficiary of the trust and/or related family member(s).
- Residence is occupied solely by the property owner(s) related family members(s).

#### WAIVER CERTIFICATIONS

**I have not requested nor do I receive rent for the use of this dwelling.** If it is determined that rent (rent: any transaction of value where consideration is provided to a property owner for the use of a dwelling unit, whether or not money is exchanged) has been requested/received for the use of the dwelling unit, the waiver approval will be revoked retroactive to the date that rent was first requested/received, and a permit will be required and the annual fee will be assessed including any related penalties. **I agree to follow the renewal process with the exception of payment of the annual fee;** and agree to provide proof of residency and a list of occupants if needed for verification of residency and/or kinship of occupants. I certify that this property is not in violation of the City's Minimum Housing Code; and that at no time shall more than three unrelated persons reside within this dwelling.

I further certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements within this application may result in denial of waiver and possible legal action. If granted a waiver, I agree to operate within the city and state laws, and to notify the City if **there are changes to information provided in this application.** I also certify that I am the property owner or owner's legal agent.

Owner's Signature

Print Name

Date