



CITY OF MARATHON PLANNING DEPARTMENT
9805 Overseas Highway, Marathon, Florida 33050

Vacation Rental Transfer of Ownership Permit Application
Cost Recovery Deposit: \$25.00

Permit #: _____ Application Date: _____

Note: The applicant must complete the following information for an application to be accepted for review. Please type or print all requested information on this form. Attach additional sheets when necessary. All information, including the application and all other materials, must be submitted on 8 1/2" x 11" papers. It is the applicant's responsibility to notify the Planning Department of any changes that may occur to the application as it is being processed.

1) **PROPERTY OWNER:** Name: _____
Mailing Address: _____
Phone: Home: () _____ Office: () _____

2) **AGENT NAME:** (if applicable) Name: _____
Mailing Address: _____
Phone: Home: () _____ Office: () _____

3) **LEGAL DESCRIPTION OF PROPERTY:**

Street Address: _____
Lot: _____ Block: _____ Subdivision: _____ Key: _____ MM: _____
RE Number: _____

If in metes and bounds, attach a legal description on a separate sheet.

4) **BACKGROUND INFORMATION:**

Land Use District (Zoning): _____
Future Land Use Map Designation (FLUM): _____

5) Please Submit the following:

6) Current DBPR License (You must submit a copy of your renewal within 30 days of receiving your new license.)

Current Monroe County Business Tax Receipt (Occupational License)

(You must submit a copy of your renewal within 30 days of receiving your new license.)

Florida State Tax Certificate

Certificate of Good Standing (Corporations)

Signature of the applicant (owner/agent) grants authorization to City of Marathon Staff inspect the premises of the vacation rental unit prior to the issuance of the special vacation rental permit and at any other time after issuance of permit concerning compliance with Marathon City Code Chapter 104.59 (i.e. the Land Development Regulations). Signature also certifies that owner/agent has read and examined this application and knows that same is true and correct.

Print Name Owner/Agent

Signature Owner/Agent

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
20_____, by _____ who is personally known or who has produced____
_____ as identification.

Seal

Notary Signature _____