

Affidavit of Compliance BEFORE ME, the undersigned Notary, [name of Notary before whom affidavit is sworn], on this [day of month] day of [month], [year], personally appeared, [name of affiants], known to me to be a credible person and of lawful age, who being first duly sworn, on this oath, deposes and says: Affiants agrees to maintain initial and ongoing compliance with the Short-Term Vacation Rental certification standards contained in Walton County Ordinance No. 2023-03, and any subsequent amendment, plus any other applicable local, state, and federal laws, regulations, and standards to include, but not be limited to, Chapter 509, Florida Statutes, and Rule Chapters 61C and 69A, Florida **Administrative Code.** Affiants certifies familiarity with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate. Affiants grants Walton County the right to inspect the premises of the short-term vacation rental unit prior to the issuance of the Short-Term Vacation Rental (STVR) Certificate and at any other time (subject to appropriate notice) after issuance of the STVR Certificate to determine compliance with the County's Code of Ordinances. Affiants agrees to comply with all advertising requirements and on premises posting of certification sign in accordance with Walton County Ordinance 2023-03. FURTHER AFFIANTS SAITH NAUGHT. This application shall bear the signature of all owners, managing agent and local responsible party of the owners. If necessary, please attached additional sheets with notarized signatures of all other authorize property owners, managing agent and/or short-term vacation rental responsible party (See Instructions). Date: Property Owner Signature: ____ Printed Name of Owner:

ATE OF	
OUNTY OF	
	edged before me by means of physical presence online notarization, , 20, , by (Name of Person Acknowledging).
{Seal}	Signature of Notary Public
	Print, Type or Stamp Name of Notary
	Personally Known:
	OR Produced Identification:
	Type of Identification Produced:
Commission Number:	Expiration Date:



Short-Term Vacation Rental Certificate ApplicationAffidavit of Compliance - Property Owner

y Owner Signature:	Date:
Name of Owner:	
STATE OF	
COUNTY OF	
	e by means of □ physical presence □ online notarization, this day of
, 20, by	(Name of Person Acknowledging).
	Signature of Notary Public
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{Seal}	Signature of Notary Public Print, Type or Stamp Name of Notary Personally Known: OR Produced Identification:
{Seal}	Signature of Notary Public Print, Type or Stamp Name of Notary Personally Known: OR Produced Identification:
{Seal}	Signature of Notary Public ———————————————————————————————————

Commission Number:

Expiration Date:



Affidavit of Compliance - Managing Agent

Name of Managing Agent:	
STATE OF	
COUNTY OF	
The foregoing signature was acknowledged before, 20, by	me by means of \square physical presence \square online notarization, this day of
, 20, 0y	(Name of Person Acknowledging).
, 20, 6y	(Name of Person Acknowledging).
, 20, 8,	(Name of Person Acknowledging).
, 20, 0,	(Name of Person Acknowledging).
, 20, 0,	(Name of Person Acknowledging). Signature of Notary Public
{Seal}	Signature of Notary Public
	Signature of Notary Public
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	Signature of Notary Public Print, Type or Stamp Name of Notary Personally Known:
	Signature of Notary Public Print, Type or Stamp Name of Notary Personally Known: OR Produced Identification:
	Signature of Notary Public Print, Type or Stamp Name of Notary Personally Known: OR Produced Identification:
	Signature of Notary Public Print, Type or Stamp Name of Notary Personally Known: OR Produced Identification:



Affidavit of Compliance - Local Responsible Party

Responsible Party Signature:	Date:
Name of Local Responsible Party :	
STATE OF	
COUNTY OF	
The foregoing signature was acknowledged before me by mean	as of physical presence online notarization, this day of
, 20, by (Name	e of Person Acknowledging)
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	Signature of Notary Public
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	Signature of Notary Public
	Signature of Notary Public Print, Type or Stamp Name of Notary
	Signature of Notary Public Print, Type or Stamp Name of Notary Personally Known:
	Signature of Notary Public Print, Type or Stamp Name of Notary Personally Known: OR Produced Identification:
	Signature of Notary Public Print, Type or Stamp Name of Notary Personally Known: OR Produced Identification:
	Signature of Notary Public Print, Type or Stamp Name of Notary Personally Known: OR Produced Identification:



Affidavit of Compliance - Applicant

FLORIDA STATUTES 837.06 - FALSE OFFICIAL STATEMENT

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

I have read and understand all the information provided in this application, the requirements listed within the application, and agree to provide the necessary information requested by Walton County. The information I have provided on this application is true and correct to the best of my knowledge.

Applicant's Signature	Printed Name	Date
STATE OF		
COUNTY OF		
	ledged before me by means of □ physical physica	_
{Seal}	Signature of Notary Public	
	Print, Type or Stamp Nam Personally Known: OR Produced Identification Type of Identification Produced	e of Notary
Commission Number:		Date:



Affidavit of Compliance Instructions

Page one - complete the entire top portion, including all names of individuals required to sign with a numeral designation and notarize initial owner signature. Remember to note how many total pages will be included in the final document at the bottom of the page.

EXAMPLE: (1) John Blithe (2) Mike Stone

<u>Affidavit of Compliance - Property Owner</u>: Add additional property owner pages as required. Complete form, sign and notarize, indicating which specific signature is being notarized.

<u>Affidavit of Compliance - Managing Agent:</u> Complete form sign and notarize, indicating which specific signature is being notarized. Only one managing agent can be listed, Agent Affidavit required. If Managing Agent will perform duties of Local Responsible Party, do not fill out Affidavit of Compliance - Local Responsible Party.

NOTE:

Walton County Ordinance 2023-03 1.13.16.E. Short-term vacation rental responsible party.

- 1. The purpose of the responsible party is to respond to inspections as described in Section 1.13.16 D above as well non-routine complaints and other more immediate problems related to the short-term vacation rental of the property.
- 2. The property owner may serve in this capacity or shall otherwise designate a locally available short-term vacation rental responsible party to act on their behalf. Any person eighteen (18) years of age or older may be designated by the owner provided they can perform the duties listed in subsection E.3 below.
- 3. In addition to serving as the local emergency contact, the duties of the short term vacation rental responsible party are to:
 - a. Be available by landline or mobile telephone at the listed phone number twenty-four (24) hours a day, seven (7) days a week and capable of handling any issues arising from the short-term vacation rental use;
 - b. If necessary, be willing and able to come to the short-term vacation rental unit within one (1) hours following notification from an occupant, the owner, or the County to address issues related to the short-term vacation rental;
 - c. Authorized to receive service of any legal notice on behalf of the owner for violations of this section; and
 - d. Otherwise monitor the short-term vacation rental unit at least once weekly to assure continued compliance with the requirements of this section, including parking and trash requirements.
- 4. A property owner may change his or her designation of a short-term vacation rental responsible party temporarily or permanently; however, there shall only be one (1) short-term vacation rental responsible party for each short-term vacation rental at any given time. If the responsible party is an individual, he or she is required to arrange for an alternate during times of unavailability. To change the designated responsible party, the property owner shall notify the County in writing via a completed form provided by the County.

<u>Affidavit of Compliance - Local Responsible Party</u>: Complete form sign and notarize, indicating which specific signature is being notarized. Only one local responsible party can be listed, and must meet <u>all</u> ordinance requirements above.

Affidavit of Compliance - Applicant: Complete form sign and notarize.

A <u>Complete Affidavit of Compliance</u> is REQUIRED for Walton County Florida Short-Term Vacation Rental Certificate Application.