

APPLICATION FOR RENTAL APPROVAL

BLOCK _____ LOT _____

Date _____ Address of Rental Property _____

Owner: Name _____

Address _____ City & State _____

Local Phone _____ Out of Town Phone _____

Responsible Person: (Can be tenant or Real Estate Agent in charge of rental unit. If other than owner or in the absence of owner. Must be a local address and phone for use in an emergency.)

Name _____

Address _____ City & State _____

Local Phone _____ Out of Town Phone _____

Name and number of person to accompany inspector.

_____ Phone # _____

Inspection Appointment -- 9:30 AM -- 3:30 PM Monday thru Friday

I understand that each apartment or dwelling for which a permit is issued under this ordinance shall comply with all federal, state and local requirements pertaining to housing codes and further that said dwelling or apartment shall be kept in a safe, sanitary condition and shall have a proper and adequate light and ventilation and shall be subject to all parts of Ordinance.

I hereby certify that the foregoing declarations are true to the best of my knowledge and belief and fully understand that such declarations will be considered as if made under oath, and as to a false declaration shall be subject to the penalties as provided by law for perjury.

TEN DAYS TIME IS SPECIFIED BY ORDINANCE FOR INSPECTION, COMPLIANCE AND CERTIFICATION

Signature of Owner or Responsible Person In Charge

MUST PRINT TENANTS NAMES

No. of Rooms _____ No. of Bedrooms _____ No. of Baths _____

Inspected by _____ Inspected _____ Re-inspected _____
Certified _____

Units Insp. _____ @ _____ Fee _____ Rec By _____ Cash _____ Ck No. _____ Date _____