

RENTAL UNIT OPERATING LICENSE APPLICATION

NOTE: YOU MUST CONTACT THIS OFFICE FOR A FINAL OCCUPANCY INSPECTION UPON COMPLETION OF ANY WORK/RENOVATION AND PRIOR TO OCCUPANCY

****ALL INFORMATION MUST BE FILLED OUT COMPLETELY****

DATE MAILED: _____ PROPERTY LOCATION: _____ TAX PARCEL NO _____ APT/UNIT NUMBER: _____	2017
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PROPERTY OWNER INFORMATION

COMPANY OR DESIGNEE: _____

NAME: _____ PHONE: _____

HOME ADDRESS: _____

OWNER EMAIL: _____

BUILDING MANAGER: _____ PHONE: _____

ADDRESS: _____

PLEASE TYPE OR PRINT CLEARLY - MAKE ANY CHANGES/ADDITIONS AS NECESSARY

OCCUPANCY INFORMATION

List all ADULT occupants who will be living in this unit

<u>NAME</u>	<u>PHONE #</u>	<u>VEHICLE PLATE #</u>	<u>PLACE OF EMPLOYMENT</u>

CERTIFICATION **FORM MUST BE SIGNED IN ORDER FOR IT TO BE VALID**

I certify that the above information is complete and correct.

Please sign, date and return

Owner's/Manager's signature _____ Date: _____

Amount Received: \$ _____	Receipt #: _____	Date Received: _____	Cash: _____	Check # _____
Received by: _____				Data Entered <input type="checkbox"/>

RES FEE:

COMM FEE:

TOTAL FEE: