

PERMIT APPLICATION
Non-Owner Occupied Rental Program Registration



Application #: _____

RENEWAL NEW

(FOR OFFICE USE ONLY)

DATE PAID: ____ / ____ / ____

REGISTRATION FEE PAID: \$ _____ INSTRUMENT NUMBER: _____
 INSTRUMENT TYPE: [] CK [] MO [] CC [] CASH

PAYOR: _____
 (If different than customer/applicant, capture address, C/S/Z, phone number)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____

Instructions:

- This application must be completed by the person who owns, operates or controls the property, and returned with the applicable, non-refundable fee of \$75 per residence, when occupied. **(Duplexes are considered two residences.)** \$40.00 non-refundable re-inspection.
- Please complete a Non-Owner Occupied Rental Program Property Information Form for all properties being registered. Use additional copies if needed and attach to this Registration Application.
- A certificate of registration will not be issued until all current fees and fines resulting from the operation of the non-owner occupied rental program property (or properties) are paid or settled.
- The information marked with an asterisk (*) is required and those applications without that information will not be accepted. Use N/A if not applicable.

***PLEASE SUBMIT COMPLETE ADDRESS WITH CITY, STATE, AND ZIP CODE.**

***Property or Properties owned by:**

Individual Corporation Partnership Other, please specify: _____

***Property Owner(s) Information:**

*Owner Name:			
*Address:	City:	State:	Zip Code:
*Phone No:	Fax No:	Email:	

***If Property is owned by a corporation, please provide the following information:**

*Name of Registered Agent:			
*Address:			
*Phone No:	Fax No:	Email:	
*Name of President:			
*Address:			
*Phone No:	Fax No:	Email:	

***Property Manager (if any):**

*Name:			
*Address:			
*Phone No:	Fax No:	Email:	

I am the person who owns, controls, or operates the non-owner occupied rental program property that is the subject of this application. I have read the completed application and know the same is true and correct and hereby agree that, if a certificate of registration is issued, I will comply with all applicable provisions of Ordinance 09052017-01 of the Poteet City Code, as amended, and all applicable state laws.

 Signature of Owner/Operator/Person in Control
 (Required)

 Driver's License or Identification Number / Issuing State
 (Required)

All payments, applications and fees must be mailed or submitted to:

Non-Owner Occupied Rental Program

Attach to the Registration Application



CITY OF POTEET

RENEWAL

NEW

Office Use Only

CUSTOMER: _____

Instructions:

- List the address(es) of your Non-Owner Occupied Rental Program Property below
- Use additional copies of this form to register more than fifteen (15) properties. Attach completed form(s) to the Registration Application.
- **PLEASE SUBMIT COMPLETE ADDRESS WITH CITY, STATE, AND ZIP CODE.**

	Property Address(es) City, State, Zip Code	Property Manager	Office Use Only			
			Water Account #	Inspector Name	Inspection passed Y/N	Permit #
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						