

Received Date:	
Receipt No. :	
Permit No:.	
Expiration Date:	

Permit Application For Single Family Rental Property

☐ Initial Application ☐ Renewal Application With Updates ☐ Renewal Application – All Information Remains Unchanged ☐ Contract for Deed Date of Deed: ☐ Certified Owner Individual / Owner Company ☐ Certified Management Company								
INCOMPLETE OR NON-LEGIBLE APPLICATIONS WILL BE RETURNED.								
PLEASE SIGN AND DATE APPLICATION.								
Address of Single Family Rental Property:				Unit #				
Number of Bedrooms:								
			<u>OWNI</u>	ER INFORMATI	ON			
(A) O	WNER/INDIV	VIDUAL		(B) OWNER	/COMPANY,	CORPORA	ATION P.	ARTNERSHIP
Name:		=		Legal Name /Trade Names:				
Reside	nce Address:			Address:	Address: P.O. Box:			
		1700	Box/Unit/Apt:	21 <u></u>	930,3890		2-77-1-12-1-2-1	
City:				City:				
State:		Zip	:	State:			Zip:	
Date of	Birth:			Registered Agent				
				/Managing Par	tner:			
Driver'	s License #:			Driver's License #: Date of Birth:				
DL Issuing State:			Mailing Address To Accept Service of Process:					
Home Phone:			Home Phone:		- W			
Work Phone:			Work Phone:					
Mobile Phone:			Mobile Phone:					
Fax Number:			Fax Number:					
E-Mail Address:			E-Mail Address:					
Total number of single family rental properties in Garland you own:								
**Please sign and date application on the back of this page.								
Page 1 of 2								

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MANAGEMENT COMPANY (If Applicable):

Management Company:		
Agent's Name (Natural Person):		
Business Address:		
City:	Zip:	
Home Phone:	Mobile Phone:	
Work Phone:	-mail Address:	
Fax Number:		
Total number of single family rental properties in	Garland you manage:	
TEN	ANT INFORMATION:	
Tenant's Name(s):		
Home Phone:	Work Phone:	100.00
Mobile Phone:	Fax Number:	
E-mail Address:	A Company of the Comp	
I hereby certify that all information has been revieured I hereby agree to abide by the City of Garland's Sa permit. I understand that this permit is not transfered to the certify that the single family rental properties application, with smoke detector devices that each sleeping area and in adjacent hallways. Adthree persons who are unrelated to the first significant children related to an occupant.	ingle Family Rental Property Ordinance sferable to another person or entity. erty that is the basis of this application it are in proper working order with a milditionally, I understand the home may	is equipped, as of the date of nimum of one per floor, one in not be occupied by more than
** OWNER OR AGENT SIGNATURE	TITLE	DATE
Please Specify Where To Direct All Correspond		
Address		•

MAIL COMPLETED APPLICATION AND CHECK OR MONEY ORDER IN THE AMOUNT OF \$55.00 PAYABLE TO: "CITY OF GARLAND" MAILING ADDRESS: City of Garland

Code Compliance Division 210 Carver Street Suite 101 Garland, TX 75040 972-485-6400 Phone, 972-485-6429 Fax