



- Initial Application
  - Renewal Application With Updates
  - Renewal Application – All Information Remains Unchanged
  - Contract for Deed
- Date of Deed: \_\_\_\_\_

- Certified Application
- Certification Attached
- Expiration Date: \_\_\_\_\_

**Health Department  
Code Compliance Division  
210 Carver Street Suite 101  
Garland, TX 75040  
972-485-6400**

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

## Permit Application for Single Family Rental Property

**INCOMPLETE OR NON-LEGIBLE APPLICATIONS WILL BE RETURNED.**

Address of Single Family Rental Property: \_\_\_\_\_ **Unit #**

Number of Bedrooms:  -

### OWNER INFORMATION

(A) OWNER/INDIVIDUAL				(B) OWNER/COMPANY, CORPORATION PARTNERSHIP			
Name:				Legal Name			
				/Trade Names:			
Residence Address:				Address:		P.O. Box:	
		Box/Unit/Apt:					
City:				City:			
State:		Zip:		State:		Zip:	
Date of Birth:				Registered Agent			
				/Managing Partner:			
Driver's License #:				Driver's License # :		Date of Birth:	
DL Issuing State:				Mailing Address To Accept Service of Process :			
Home Phone:				Home Phone:			
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:

**MANAGEMENT COMPANY (If Applicable):**

Management Company: \_\_\_\_\_

Agent's Name (Natural Person): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**OCCUPANTS:**

Tenant's Name(s): \_\_\_\_\_

**PRIMARY TENANT CONTACT INFORMATION**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***I hereby certify that all information has been reviewed and is complete and correct.***

***I hereby agree to abide by the City of Garland's Single Family Rental Property Ordinance as a condition of being issued a permit. I understand that this permit is not transferable to another person or entity.***

***I hereby certify that the single family rental property that is the basis of this application is equipped, as of the date of this application, with smoke detector devices that are in proper working order with a minimum of one per floor and in each sleeping area.***

\_\_\_\_\_  
OWNER OR AGENT SIGNATURE                      TITLE                      DATE

**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**

*The Single Family Rental Property Industry - A Vital Part of American Life  
in Providing Affordable Housing"*