



LONG-TERM RENTAL REGISTRATION

For properties rented for periods of 30-days or more.
Please use separate form for each dwelling unit.

New Application

Renewal Application

PROPERTY INFORMATION

Property Address: _____ Unit Name: _____ Map: _____ Lot: _____

Apartment House Other # Bedrooms: _____ # Baths: _____ # Occupants: _____

Number of Dwelling Units on Property: _____ Number of Years Rented long-term: _____

RENTAL TYPE

Seasonal (1 – 8 Months) **Year Round** (9 -12 months) **Other** _____

Employee Housing **Individual or Family** **Other** _____

PROPERTY CHARACTERISTICS

Year Built: _____ Heat Source(s): _____ Owner Onsite: Yes / No

Sprinkler Installed: Yes / No Monitored Alarm: Yes / No CO Alarm Installed: Yes / No

Smoke Alarm Installed: Yes / No If Yes, Type: Hardwired: __ Wireless: __ Battery Only: __

PROPERTY CONTACT INFORMATION

Owner Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Primary Contact Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Property Owner: Print

Signature

Date

OFFICE USE ONLY

Code Enforcement Officer

Date

Registration # _____