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

GARLAND
CODE COMPLIANCE

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: _____**

Please check box below IF you attended the Certified Landlord Training class

☐ **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: ☐

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: ☐ ****Please sign and date application on the back of this page**

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: _____

Total number of single family rental properties in Garland you manage: ☐

TENANT INFORMATION:

Tenant's Name(s): _____

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 ordinances applicable to single family rental properties 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, one in each sleeping area and in adjacent hallways. Additionally, I understand the home may not be occupied by more than three persons who are unrelated to the first signatory of the lease by blood, adoption or marriage, with exception to children related to an occupant.

_____ _____ _____

**** OWNER OR AGENT SIGNATURE** **TITLE** **DATE**
(PLEASE PRINT THEN SIGN)

Please Specify Where To Direct All Correspondence:

Name: _____,

Address _____.

YOU MAY EMAIL YOUR APPLICATION TO CODENFC@GARLANDTX.GOV AND THEN CALL US WITH CREDIT CARD INFORMATION @ NUMBER BELOW OR
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