



# GARLAND

## CODE COMPLIANCE

STAFF USE ONLY.

Receipt No. :

Permit No. :

Expiration Date:

Application Type:

Certified: \_\_\_\_\_

### Permit Application For Single Family or *Short-Term* Rental Property

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

**PLEASE SIGN AND DATE APPLICATION.**

Is this a *short-term* rental property (A rental for a period less than 32 calendar days)?  Yes  No

Address of Rental Property: \_\_\_\_\_ Unit #(If applicable)

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: \_\_\_\_\_

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

**TENANT/LESSEE INFORMATION:**

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

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

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

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

**ADDITIONAL REQUIRED INFORMATION:**

1. Is the owner using this property as their principal residence?  Yes  No
2. Has the owner claimed a homestead exemption on this property?  Yes  No
3. Has the owner claimed a homestead exemption on another residence homestead in or outside of Texas?  Yes  No

*\*\* Failure to report a change in the homestead exemption status can result in the suspension of the rental permit. \*\**

4. Will this property be used as a short-term rental facility?  Yes  No
  - a. If yes, please provide the **required** landline telephone number: \_\_\_\_\_
5. **For short-term rentals only.** Is proof of notification, to neighboring properties, attached to this application?  Yes  No  
*\*\*Proof of contact includes certified mail or registered mail receipts or USPS tracking information, to all immediately adjoining properties.\*\**

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**  
(PLEASE PRINT THEN SIGN)

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DATE**

Please Specify Where To Direct All Correspondence (owner or management company):

Name: \_\_\_\_\_

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

**YOU MAY EMAIL YOUR APPLICATION TO [CODENFC@GARLANDTX.GOV](mailto: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 \$65.00 PAYABLE TO: "CITY OF GARLAND" MAILING ADDRESS:**

**City of Garland  
Code Compliance Department  
210 Carver, Suite 101  
Garland, TX 75040  
972-485-6400 Phone, 972-485-6429 Fax**