

Rental Registration Program Application



City of Glenn Heights
2118 S. Uhl Road
Glenn Heights, TX 75154
Ph: 972-274-5100 X451
Fax: 972-274-5110

(FOR OFFICE USE ONLY)

PERMIT NUMBER: _____	DATE PAID: ____/____/____	[] RENEWAL	[] NEW
REGISTRATION FEE PAID: \$ _____	INSTRUMENT NUMBER: _____		
INSPECTION FEE PAID: \$ _____	INSTRUMENT TYPE: [] CK [] MO [] CC [] CASH		
PAYOR: _____ (If different than customer/applicant, capture address, C/S/Z, phone number)			
ADDRESS: _____		COUNTY: _____	
CITY: _____	STATE: _____	ZIP: _____	PHONE: (____) _____

FEE SCHEDULE:

Residential Rental Dwelling Unit /Building Registration (per site)

- Annual Registration Fee \$55.00 per unit
- Late Registration \$75.00

Residential Property Inspection

- Single-Family and Duplex Structures \$50.00
- Multiple-Family Properties containing 3-25 Dwelling Units \$75.00
- Multiple-Family Properties containing 26-100 Dwelling Units \$90.00 \$12.50 per unit x 30% of total units
- Multiple-Family Properties containing 101+ Dwelling Units \$115 x \$12.50 per unit x 30% of total units
- Re-inspection Fee \$75.00

***Property Description:**

- Single-Family & Duplex Multiple-Family (3-25 units) Multiple-Family (26-100 units) Multiple-Family (101+ units)

***Property or Properties owned by:**

- Individual Corporation Partnership Other, please specify: _____

***Property Owner(s) Information:**

*Owner Name:		
*Address:		
*Phone No:	Fax No:	Email:

***If Property is owned by a corporation, please provide the following information:**

*Name of Registered Agent:		
*Address:		
*Phone No:	Fax No:	Email:
*Name of President:		
*Address:		
*Phone No:	Fax No:	Email:

***Property Manager (if any):**

*Name:		
*Address:		
*Phone No:	Fax No:	Email:

I am the person who owns, controls, or operates the non-owner occupied rental property that is the subject of this application. I have read the completed application and know the same is true and correct and hereby agree that, if a certificate of registration is issued, I will comply with all applicable provisions of Article 3.20 of the Glenn Heights City Code, as amended, and all applicable state laws.

Signature of Owner/Operator/Person in Control
(Required)

Driver's License or Identification Number / Issuing State
(Required w/ copy of documentation)

**Rental Registration Program
Property Information Form
Attach to the Registration Application**



Office Use Only	
ACCOUNT NUMBER: _____	CUSTOMER: _____ <input type="checkbox"/> RENEWAL <input type="checkbox"/> NEW

Instructions:

- List the address(es) of your Rental Registration Program Property below
- Use additional copies of this form to register more than seventeen (17) properties. Attach completed form(s) to the Registration Application. **(PLEASE PRINT)**

	Property Address(es)	Renter Name(s)	Phone #	Move-In Date	Office Use Only Placard #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					

