



COMMUNITY DEVELOPMENT AGENCY
ENVIRONMENTAL HEALTH SERVICES DIVISION

HOUSING HEALTH PERMIT LICENSE APPLICATION

<p>PLEASE COMPLETE THE FOLLOWING:</p> <p>NUMBER OF UNITS*: _____</p> <p>APN # _____</p> <p>* APARTMENTS WITH 16 UNITS OR MORE <u>OR</u> HOTELS WITH 12 OR MORE GUEST ROOMS REQUIRE AN ON-SITE MANAGER:</p> <p>_____</p> <p>ON-SITE MANAGER NAME</p> <p>_____</p> <p>ADDRESS OF ON-SITE MANAGER INCLUDING APT OR UNIT #</p> <p>_____</p> <p>TELEPHONE NUMBER FOR ON-SITE MANAGER</p>	<p>IF REQUESTING A CHANGE, CHECK ALL THAT APPLY:</p> <p><input type="checkbox"/> BUSINESS NAME</p> <p><input type="checkbox"/> ON-SITE MANAGER INFORMATION</p> <p><input type="checkbox"/> PROPERTY MANAGER CHANGE</p> <p><input type="checkbox"/> LEGAL OWNER CONTACT INFORMATION</p> <p><input type="checkbox"/> LEGAL OWNER MAILING ADDRESS</p> <p><input type="checkbox"/> OTHER:</p> <p>Additional Comments:</p>
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PROPERTY INFORMATION

BUSINESS NAME (DBA)		

PROPERTY ADDRESS		
STREET ADDRESS	CITY	ZIP CODE
_____	_____	_____
CONTACT TELEPHONE:		ALTERNATE TELEPHONE NUMBER:
_____		_____

BILLING INFORMATION THE YEARLY PERMIT FEE WILL BE INCLUDED ON THE ANNUAL PROPERTY TAX BILL UNLESS EXCEPTION IS MADE

IF THIS PROPERTY IS MANAGED BY A PROPERTY MANAGEMENT COMPANY, PLEASE COMPLETE THE INFORMATION BELOW:

PROPERTY MANAGEMENT COMPANY	_____
PROPERTY MANAGER TELEPHONE NUMBER	_____
PROPERTY MANAGER BUSINESS ADDRESS:	
MAILING ADDRESS	CITY STATE ZIP CODE
_____	_____

LEGAL OWNERSHIP SELECT ONE: SOLE PROPRIATORSHIP PARTNERSHIP INCORPORATED LLC

NAME			

MAILING ADDRESS			
MAILING ADDRESS	CITY	STATE	ZIP CODE
_____	_____	_____	_____
TELEPHONE AND EMAIL:			
TELEPHONE NUMBER:	FAX TELEPHONE NUMBER:		
_____	_____		
EMAIL ADDRESS:			

I HEREBY CERTIFY THAT I AM THE OWNER OR AUTHORIZED REPRESENTATIVE OF THE PREMISES FOR WHICH A PERMIT IS APPLIED, AND THAT SAID PREMISES WILL COMPLY WITH ALL LAWS AND ORDINANCE IN EFFECT OR HEREAFTER ENACTED.

SIGNATURE OF OWNER, PARTNER, CORPORATION OFFICER, OR AGENT	PRINT NAME AFTER SIGNATURE	DATE
_____	_____	_____

FOR OFFICE USE ONLY	FEE	CHECK OR CC AUTH #	RECEIPT #	RECEIVED BY:
LICENSE NUMBER	_____	ACCOUNT NUMBER	_____	_____