

CITY OF FARIBAULT RENTAL REGISTRATION PROGRAM

Application for Rental Registration Certificate

Please print.

PROPERTY OWNERSHIP	Building Address:		
Primary Contact Owner(s) Name:			
Mailing Address:			
City / State / ZIP:			
Telephone:	(H)	(W)	(C)
e-mail address:			
	Include additional ownership interests below:		
Type of Ownership:	Individual	Partnership	Corporation
	Check box if property is managed by 3rd party & Please complete Page #2 - Management Information Form - on back of Application.		

Preferred Day(s) & Time(s) of Inspection: (Please circle preferences)	M – T – W – TH - F	8 am – 10 am	10 am – 12 pm
		12 pm – 2 pm	2 pm – 4 pm

PROPERTY INFORMATION

		Building Type: Check applicable building type below.	
Total # units:		Single Family:	Apartment: (5+ units)
# Rental units:		Duplex: (2 units)	Manufactured Housing:
# Owner occupied units:		Triplex: (3 units)	Mixed Use: (commercial/residential)
# off-street parking stalls:		Four-plex: (4 units)	

I hereby certify that all information contained herein is true and accurate. I understand that payment made with this application has been accepted for the purpose of applying for a Rental Registration Certificate and that such acceptance does not constitute automatic granting of a Certificate.

I hereby grant permission to the City of Faribault to make inspections of the structure listed herein to determine its compliance with City Housing, Health, and Life Safety Codes. I agree to maintain the premises to standards set by the City of Faribault.

I understand that failure to comply with these requirements may result in monetary fines or non- issuance of a Rental Registration Certificate.

Applicant's Signature

Date

PROPERTY MANAGEMENT Information Form	
Building Address:	
Property Management Name:	
Mailing Address:	
City / State / ZIP:	
Telephone:	(W) _____ (C) _____
e-mail address:	
Contact Person:	

How To Calculate Rental Registration Fee:
Refer to: 2007 - 2008 License Fees and Charges below.

Basic Fee	# of Bldgs _____ X \$65.00	= \$ _____
		+
Per Unit Fee	# of Units _____ X \$ _____	= \$ _____
TOTAL FEE:		\$ _____

	<u>2007</u>	<u>2008</u>
Basic Fee:	\$65.00 per building	\$67.00
Per Unit Fee:		
0-8 units	\$24.00 per unit	\$25.00
9-14 units	\$22.00 per unit	\$23.00
15 + units	\$20.00 per unit	\$21.00
Late Penalty	\$50.00	\$52.00
Missed Inspection Fee	\$52.00	\$54.00

Checks Payable To: **City of Faribault**
 208 NW 1st Avenue
 Faribault, Minnesota 55021

Mailed to the above address OR payable at City Hall, 2nd Floor.