

City of Saginaw  
 Permit Department  
 301 S. Saginaw Blvd.  
 Bus: 817-230-0453 Fax: 817-232-8565  
 E-mail: [permits@saginawtx.org](mailto:permits@saginawtx.org)



City of Saginaw

Permit Date: \_\_\_\_\_  
 Permit #: \_\_\_\_\_  
 Total Fee: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

## Duplex Rental Permit Application

### Property Owner Information

Name as on TAD Record:		
Owner Mailing Address:		
City:	State:	Zip:
Cell Phone:	E-mail:	

### Property Management Company/Manager Information

Does this property utilize a property manager/company other than the owner?			Yes	No
Company Name:				
Manager/Agent Name:				
Address:				
City:		State:	Zip:	
Cell Phone:	Office Phone:	E-mail:		

### Property Information

Property Address - Unit One:		
Tenant #1	Full Name:	Cell Phone:
	Email:	
Tenant #2	Full Name:	Cell Phone:
	E-mail:	
Property Address - Unit Two:		
Tenant #1	Full Name:	Cell Phone:
	Email:	
Tenant #2	Full Name:	Cell Phone:
	E-mail:	

I hereby certify that all information has been reviewed and is complete and correct. I hereby certify that the rental dwelling for which the application is submitted is equipped with properly working smoke detectors and carbon monoxide detectors in accordance with the current adopted editions of the International Property Maintenance Code. I hereby certify that the rental dwelling shall not be separated into separate rental units with restricted access to the common areas. I hereby agree to abide by the ordinances applicable to the single-family rental dwelling described in this application as a condition of being issued this permit. I understand this permit is valid for one year from date of issue and is not transferable to another person or entity. I understand it shall be the owner/agent/manager responsibility to notify a tenant of the impending inspection. I understand nothing shall be construed to prohibit an inspection at the request of a tenant.

**I have read and acknowledge the information stated above.**

Applicant Signature:	Date:
Printed Name:	Date: