

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



City of Saginaw

Permit Date: _____
 Permit #: _____
 Total Fee: _____
 Receipt #: _____

Multi-Family Rental Property Permit Application

Property Information

Address:			
Name of Complex:			
Number of units:			
Number of Public Spaces:		Number of Buildings on Site:	

Property Owner Information

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

Property Management Company/Manager Information

Company Name:			
Manager Name:			
Address:			
City:		State:	Zip:
Office Phone:	Direct Phone:	E-mail:	

Please mail the completed application and check for \$75.00 per rental unit to:

City of Saginaw
 Rental Registration
 PO Box 79070
 Saginaw, TX 76179
 Or

You may use a credit card, check or cash to make your payment and drop off the application in our offices at:

City of Saginaw
 Building Department at the Train Depot
 301 S. Saginaw Blvd
 Saginaw, TX 76179

I hereby certify that all information has been reviewed and is complete and correct. I hereby certify that each 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 agree to abide by the ordinances applicable to the multi-family rental dwellings described in this application as a condition of being issued this permit. I understand all rental units will be inspected one time per calendar year with no inspection required at change of tenancy. I understand permit applications and fees will be due no later than the last day of January of each year. I understand that I will receive one month's notice before the inspection will commence. I understand it shall be the owner/agent/manager responsibility to notify the tenants of the impending inspections. I understand nothing shall be construed to prohibit an inspection at the request of a tenant. I understand this permit is not transferable to another person or entity. I hereby certify the Agent for Service named on this application is authorized for purposes of notice and other communications provided. I certify that notice provided to this agent shall constitute notice served upon the owner unless actual written notice is submitted from the owner to the Building Official stating the designated agent is no longer authorized to accept service.

I have read and acknowledge the information stated above.

Applicant Signature:	Date:
Printed Name:	Date: