

CITY OF SAINT PETER, MINNESOTA
APPLICATION FOR RENTAL CERTIFICATE

Year of Registration: _____

Date of Application: _____

NOTE: A certificate will NOT be issued unless the application is filled out in its' entirety and the rental inspections have passed.

ADDRESS OF RENTAL UNIT: _____

CHECK ONE: New Application: _____ Transfer: _____ Renewal: _____

OWNER OCCUPIED UNIT: YES _____ NO _____ NUMBER OF RENTAL UNITS: _____ NUMBER OF TENANTS/UNIT: _____

NAME OF OWNER (Last, First, Middle): _____ PHONE NUMBER: _____

ADDRESS: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____

NAME OF AGENT (Within 931/934 Phone Exchange): _____ PHONE NUMBER: _____

ADDRESS: _____

CITY REFUSE HAULER: YES _____ NO _____ IF "NO", NAME PRIVATE REFUSE HAULER: _____

OFF-STREET PARKING: YES _____ NO _____ NUMBER OF SPACES: _____

SINGLE FAMILY HOME: _____ NUMBER OF BEDROOMS: _____

BOARDING HOUSE: _____ NUMBER OF BEDROOMS: _____

APARTMENT/DUPLEX: _____ NUMBER OF UNITS: _____ (1 bdrm. ___ 2 bdrm. ___ 3 bdrm. ___)

TRIPLEX OR MORE THAN ONE UNIT _____ NUMBER OF HANDICAPPED UNITS: _____ (1 bdrm. ___ 2 bdrm. ___ 3 bdrm. ___)

NUMBER OF STORIES _____ ELEVATORS: YES _____ NO _____

AREA COVERED BY FIRE PREVENTION SPRINKLER SYSTEM YES _____ NO _____

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 certificate and that such acceptance does not constitute an automatic granting of a rental certificate. I also understand that the application fee will not be refunded if a rental certificate is denied due to the failure of the property to comply with the zoning ordinance or property maintenance standards.

I hereby grant permission to the City of Saint Peter 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 which are set forth by the City of Saint Peter.

I understand that my failure to comply with these requirements will result in a monetary fine or revocation of the certificate.

I hereby certify that the agent listed herein is authorized to receive summons and complaints on behalf of the owner. The owner and/or agent agrees to promptly notify the City of any change in agent or transfer of ownership. A signed statement by the owner designating the agent is attached.

APPLICANT'S SIGNATURE _____ DATE _____

Date Paid _____

Receipt & Check Number _____

Fee _____

Received by _____

Permit # _____