



City of Justin

Expiration Date: \_\_\_\_\_

Reference #: \_\_\_\_\_

# Rental Certificate of Occupancy Application

**For Inspections:**

**Michelle Gomez**  
**Code Enforcement Officer**  
Email: code@cityofjustin.com  
Phone: (940) 648-2541 ext. 111

## Section 1: Rental Property Information

Property Address: \_\_\_\_\_

Total Square Feet of Living Area: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Number of Persons 18 Years of Age or Older Occupying Rental Unit: \_\_\_\_\_

Has there been any change of occupancy or additional tenants since the date of last certificate of occupancy?  Yes  No

## Section 2-1: If Owner is an Individual

Name of Owner: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Owner Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Driver's License/Identification Card #: \_\_\_\_\_ State of ID Issuance: \_\_\_\_\_

## Section 2-2: If Owner does not live in Denton County, Tarrant County, or Dallas County

Information must be provided for a local contact that has the authority to represent the owner in all matters relating to maintenance of the rental unit or units.

Is local contact the same person as Property Manager? (If yes, skip to Section 4):  Yes  No

Name of Contact: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Driver's License/Identification Card #: \_\_\_\_\_ State of ID Issuance: \_\_\_\_\_

## Section 3: If Owner is a Partnership

Owner must provide a list of the names and phone numbers of any and all other partners. *(Include addendum if needed)*

Name of Partner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Partner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Partner: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Section 4: If Owner is a Corporation

Is the corporation organized under the laws of Texas?  Yes  No

If "No," then please specify which state the corporation is currently organized under: \_\_\_\_\_

Owner must provide a list of the names of all officers and directors or trustees of the corporation.

Is the list provided?  Yes  No

## Section 5: Property Manager Information (If Applicable)

Is a property manager or management service overseeing the rental property?  Yes  No

Name of Manager or Management Business: \_\_\_\_\_

Manager Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Section 6: Resident Information**

Please provide the following information for each adult (eighteen (18) years of age or older) tenant:

New Tenant?  Yes  No Name of Tenant: \_\_\_\_\_

Driver's License/Identification Card #: \_\_\_\_\_ State of ID Issuance: \_\_\_\_\_

New Tenant?  Yes  No Name of Tenant: \_\_\_\_\_

Driver's License/Identification Card #: \_\_\_\_\_ State of ID Issuance: \_\_\_\_\_

New Tenant?  Yes  No Name of Tenant: \_\_\_\_\_

Driver's License/Identification Card #: \_\_\_\_\_ State of ID Issuance: \_\_\_\_\_

New Tenant?  Yes  No Name of Tenant: \_\_\_\_\_

Driver's License/Identification Card #: \_\_\_\_\_ State of ID Issuance: \_\_\_\_\_

New Tenant?  Yes  No Name of Tenant: \_\_\_\_\_

Driver's License/Identification Card #: \_\_\_\_\_ State of ID Issuance: \_\_\_\_\_

New Tenant?  Yes  No Name of Tenant: \_\_\_\_\_

Driver's License/Identification Card #: \_\_\_\_\_ State of ID Issuance: \_\_\_\_\_

I (We), understand that should said premises be used or occupied in violation of this agreement or of the Zoning Ordinance or any building, fire, sanitary, health laws or ordinances of the City of Justin, that I (we) shall be subject to penalty in accordance with the provisions of the Zoning Ordinance or other applicable regulations.

Signature of Owner/Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*FOR OFFICE USE ONLY\*\***

Approved

City Inspector

Denied

Fee Amount: \$ \_\_\_\_\_ Signature of City Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**\*\*FOR OFFICE USE ONLY\*\***

Received By \_\_\_\_\_

Date Received \_\_\_\_\_

Date Issued \_\_\_\_\_

Date Paid \_\_\_\_\_

Cash

CC

Check #(s): \_\_\_\_\_