



City of Justin

Rental Certificate of Occupancy Application

Expiration Date: _____ Reference #: _____

For Inspections:

Code Compliance
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

If Yes, then what will be the move in date: _____ If No, then what was the original move in date: _____

Section 2-1: If Owner is an Individual

Owner Name: _____ 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

Contact Name: _____ 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)

Partner Name: _____ Phone #: _____

Partner Name: _____ Phone #: _____

Partner Name: _____ 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

CONTINUED ON BACK

Reference #: _____

Section 5: Property Manager Information (If Applicable)

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

Name of Manager of 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: _____

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): _____