



CITY OF VALPARAISO

BUILDING DEPARTMENT

166 Lincolnway · Valparaiso, IN 46383
(219) 462-1161 · Fax: (219) 464-4273
valpobuilding@valpo.us

FOR OFFICE USE ONLY	
DATE RECEIVED:	_____
PERMIT #	_____
DATE ISSUED:	_____
RECEIPT #	_____
DATE PAID:	_____

FEE \$5.00

RENTAL REGISTRATION APPLICATION

RENTAL PROPERTY ADDRESSES: _____

Pursuant to Ordinance 14-2011 this Application shall be completed and signed by the Owner. Following receipt and satisfactory review of this Application, the City shall send the Owner and/or Owner's Agent a Rental Permit. The Registration Permit shall remain in effect until suspended, revoked or until transfer of legal title to the Rental Building, whichever comes first.

OWNER:

Name of Owner: _____

Contact Name: _____

Address of Owner: _____

Telephone Number: _____

Email Address: _____

Resident of Porter County or County contiguous: YES _____ NO _____

AGENT:

Pursuant to the Ordinance, Owners may elect to designate an Agent for purposes of receiving notifications and other communications related to the Ordinance. All Owners who do not reside in Porter County or contiguous county are required to designate an Agent residing in either Porter County or a contiguous county.

Name of Agent: _____

Address of Agent: _____

Telephone Number: _____

Email Address: _____

Notification to the Agent at the address set forth above constitutes sufficient notice pursuant to any provision of the Ordinance.

PROPERTY DESCRIPTION:

_____ Apartment Building (3 or more units)

_____ Duplex

_____ Single Family

_____ Other, please describe _____

NUMBER OF DWELLING UNITS: _____

Apartment Numbers: _____

Exempt Units: _____

Reason for exemption: _____

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I UNDERSTAND THAT THE ISSUANCE OF A REGISTRATION PERMIT IS NOT EVIDENCE THAT MY PROPERTY MEETS THE REQUIREMENTS OF THIS ORDINANCE, OR IS OTHERWISE FIT FOR HUMAN HABITATION.

Owner's Signature: _____

Owner's Printed Name: _____

Date: _____