

City of Saginaw
Permit Department
301 S. Saginaw Blvd.
Fax: 817-232-8565



Phone: 817-230-0552
Phone: 817-230-0473
Phone: 817-230-0453
E-mail: rentals@saginawtx.org

City of Saginaw

RENTAL PERMIT APPLICATION - MULTI-FAMILY COMPLEX

Permit Address:

PROPERTY OWNER INFORMATION

Name as on TAD:

Owner Mailing Address:

City:

State:

Zip:

Phone:

E-mail:

A photocopy of the Driver's License of the Owner, Registered Agent or Chief Executive Officer must be on file.

PROPERTY MANAGEMENT COMPANY (IF APPLICABLE):

Company Name:

Address:

City:

State:

Zip:

Manager Name (Paperwork):

Phone:

Email:

Inspection Contact (if different):

Phone:

Email:

I hereby certify that all information has been reviewed and is complete and correct. I hereby certify that the 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 city of Saginaw Rental Registration & Inspection Program. I understand this permit is valid for one year from date of issue and is not transferable to another person or entity. I understand it shall be the owner/agent/manager responsibility to notify a tenant of the impending inspection. I understand nothing shall be construed to prohibit an inspection at the request of a tenant.

Applicant Name (print):

Applicant Signature:

Date: