

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



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

City of Saginaw

SHORT-TERM RENTAL PERMIT APPLICATION - ONE OWNER MULTIPUL PROPERTIES

PROPERTY OWNER INFORMATION

Name as on TAD:		
Owner Mailing Address:		
City:	State:	Zip:
Phone:	E-mail:	
Hotel Occupancy Tax Registration Number:		

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:
Phone:	Email:	

OPERATOR INFORMATION (IF DIFFERENT FROM OWNER):

Name::		
Address:		
City:	State:	Zip:
Phone:	Email:	

LOCAL CONTACT INFORMATION (IF DIFFERENT FROM OWNER):

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

I hereby certify that all information has been reviewed and is complete and correct. I hereby certify that the short-term 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 Short Term Rental Registration, Regulations, & 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:

[illegible]