

## **Town of Munster**

## RENTAL PERMIT APPLICATION

Community Development Department – 1005 Ridge Rd., Munster, IN 46321 – Ph. 219-836-6990 Fax 219-836-6542 Email: <a href="mailto:communitydevelopment@munster.org">communitydevelopment@munster.org</a>

		SS:	Unit #:
(A Separate Rental Permit	Application is Required f	or Each Unit)	
	lication, the Town shall iss	ue the Owner a Rental Permit. The l	ed by the Owner. Following receipt and satisfactory revie Rental Permit shall not expire, unless revoked or the dwellin
PROPERTY OWNER:	<u>.</u>		
Name of Owner:			
Mailing Address of Own	ner:		
If owner is a business	Contact Name:		
Email:		Cel	1#:
REPRESENTATIVE:			
Name of Representative	e:		Title:
Address of Representat	ive:		
(Email will be used for o	fficial correspondence)		ll#:
Notification	to the Representative at the	above address constitutes sufficient no	tice pursuant to any provisions of the Article.
PROPERTY DESCRIP	TION:		
Apartment Buildin	gCondon	niniumTwo-Fami	ily DwellingOne Family Dwelling
Other; please descr	ribe:		
Total Number of Occup	pants:		
List of all Tenants (age	-		
			Cell #:
Name			
			Cell #:
			Cell #:
			Cell #:
Rental Unit Inspection	Fee \$200.00 R	e-Inspection Fee \$60.00	Non-Compliance Fee \$250.00/unit per occurrence
HEA 1403 prior to the a code. The inspection rep	late inspection is due u port provided must be o	nder this Article, the owner sha certified by a party whose quali	uplies with the requirements of Indiana State Statut Il be exempt from the inspection requirements of thi fications meet the requirements of HEA 1403 or th me Inspectors Licensing Board.
	T IS NOT EVIDENCE	THAT MY PROPERTY MEETS	ARE TRUE. I UNDERSTAND THAT THE ISSUANCE THE REQUIREMENTS OF THIS ARTICLE, OR I
Owner's Signature: ${f X}$			<b>Date:</b>
		FOR OFFICE USE ONLY	
Date Received:	Certificate #:	Inspection Pai	d:Date Issued: