



RESIDENTIAL RENTAL PROPERTY PERMIT APPLICATION

City of New Port Richey
Billing and Collections Department
City Hall, 5919 Main Street
New Port Richey, FL 34652
Phone: (727) 853-1061 Fax: (727) 853-1245

Permit Fee: \$50.00 per Rental Property

Please complete the following information in full. Return the completed application along with the annual permit fee to the above address. Rental Permits are issued for a calendar year (January 1st through December 31st).

PLEASE PRINT OR TYPE

PROPERTY OWNER INFORMATION: Exempt from Public Record: Yes No

Name	_____		
Mailing Address	_____		
	City _____	State _____	Zip _____
Email Address	_____		
Home Phone	_____	Business Phone	_____

AGENT OR PROPERTY MANAGER INFORMATION:

NOTE: Local representative must have a local address in the surrounding counties
(not a public P.O Box or any other private mail service).

Name	_____		
Mailing Address	_____		
	City _____	State _____	Zip _____
Email Address	_____		
Home Phone	_____	Business Phone	_____

PROPERTY INFORMATION

	Property Address(es) <i>Only list addressed within City limits</i>	Single Family	Duplex	Triplex	Number Of Units
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Additional properties listed on separate sheet of paper or on the back of this form? Yes No

Are properties connected together? Yes No

APPLICANT'S ACKNOWLEDGEMENT

I acknowledge that I am the property owner or owner's legal agent and that the information given in this application is complete and accurate and I understand that to make false or fraudulent statements within this application may result in a denial of the permit and possible legal action. If granted a permit, as the Owner or Legal Agent I agree to operate within the city and state laws, and to provide notification within ten (10) days to the Billing & Collections Department of any changes to the information provided on this form. I also acknowledge receipt of the City's Minimum Housing Codes for the Residential Rental Compliance Ordinance.

Printed Name _____

Signature _____

Title _____

Date _____

OFFICE USE ONLY

Application Taken By: _____ Date: _____

Application Processed By: _____ Date: _____