



Rental Housing Registration

208 NW 1st Ave, Faribault, MN 55021
 Dan Buuck, Housing Inspector
 (507) 333-0359

Property Information

Property Address:	Faribault, MN 55021		
Number of Units	Total:	Rental Units:	Owner Occupied Units:
Building Type	<input type="checkbox"/> Single Family <input type="checkbox"/> Duplex (2 units) <input type="checkbox"/> Triplex (3 units)	<input type="checkbox"/> Four-plex (four units) <input type="checkbox"/> Apartment (5+ units)	<input type="checkbox"/> Manufactured Home <input type="checkbox"/> Mixed Use (commercial/residential)
Parking	Number of off-street parking stalls:		

Owner Information

Owner's Name(s)			
Address	Street:		
	City, State Zip:		
	Street address ONLY—may not be a P.O. box or mail service address [MN Statute § 504B.181]		
Telephone 1	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Preferred Means of Contact (choose one)	
Telephone 2	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
Telephone 3	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		
E-mail			
Type of Ownership	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
Additional Ownership Interests			

Inspection

Preferred Day(s) & Time(s) of Inspection (Please circle preferences)	M T W Th F	9 am 11 am 1:30 pm 2 pm 3 pm
You will be contacted by letter approximately three weeks before the inspection is scheduled. You can change the scheduled date & time if they do not work for you after you receive the letter.		

I hereby certify that all information contained herein is true and accurate. I understand that payment made with this application has been accepted for the purpose of applying for a Rental Registration Certificate and that such acceptance does not constitute automatic granting of a Certificate.

I hereby grant permission to the City of Faribault to make inspections of the structure and property listed herein to determine its compliance with City Housing, Health, and Life Safety Codes. I agree to maintain the premises to standards set by the City of Faribault.

I understand that failure to comply with these requirements may result in monetary fines or non-issuance of a Rental Registration Certificate.

I have enclosed the following required documents: this form Invoice Check Tax Info. Form Cert. of Comp.

Applicant's Signature: _____ Date: _____

Rental Housing Department Approval: _____ Date: _____	Zoning Approval (new registration only): _____ Date: _____
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