



Rental Housing Registration

208 NW 1st Ave, Faribault, MN 55021
(507) 384-0552

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
Telephone 2	<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	9:00–12:00 noon	1:00–4:00 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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Property Management

Fill out this section if the property is managed by a third party (other than the owner).

Management Name			
Contact Person (if different than above)			
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
Telephone 2	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work
E-mail			
Correspondence	Send all correspondence to: <input type="checkbox"/> Management <input type="checkbox"/> Owner		

Registration Fee

This section is provided for your information. You may use it to double check the fee on your invoice.

Basic Fee	Number of buildings: _____ × \$ 73.00 = \$ _____		
Per Unit Fee	+		
	Number of units: _____ × \$ _____ = \$ _____		
Total Fee	= \$ _____		
Fee Schedule	Basic Fee: \$73.00 per building	Per unit fee:	0 – 8 units \$28.00 per unit
			9 – 14 units \$26.00 per unit
			15 + units \$24.00 per unit
	Late Registration Penalty = \$100.00		
	Missed Inspection Fee = \$60.00		
Payment	Submit application to: City of Faribault 208 NW 1st Ave Faribault, MN 55021		
	Billing for Rental Registration will be mailed after review of the application.		

Questions?

If you have any questions about this form or the Rental Registration Program, please call 507-384-0552.