

Rental Registration Application

ADDRESS OF RENTAL PROPERTY _____		
<input type="checkbox"/> SINGLE FAMILY	<input type="checkbox"/> MULTI-UNIT RESIDENCE	<input type="checkbox"/> APARTMENT COMPLEX
Please be advised, City of Charlotte Municipal Code Chapter 14, Article III states:		
No person shall lease or rent a rental dwelling unit unless they have registered their property. Certificates of compliance will be issued for a term of two years from the date of inspection approval. Registration and inspection is required biennially. The rental inspector shall issue a certificate of compliance if:		
(1) The applicant's property is inspected and found in compliance with any applicable ordinance of the City; (2) The applicant provides registration information required per ordinance; and (3) Any fees and penalties for registration are paid in full.		
The Certificate of Compliance may be revoked if the operator of any rental unit has failed to comply with a notice of violation or compliance order issued pursuant to this Code.		
By signing below, I acknowledge that the information contained herein is true and completed. I understand that all residential non-owner occupied properties located within the City of Charlotte are required to be registered and inspected, and failure to obtain a certificate of compliance may result in issuance of Civil Infraction Tickets and/or arraignment in the District Court.		

SECTION #1 – PROPERTY OWNER INFORMATION (PLEASE PRINT) – THIS SECTION MUST BE COMPLETED FOR PROCESSING IF PROPERTY IS OWNED BY A CORPORATION, LLC, OR TRUST, OR HAS A DESIGNATED LOCAL AGENT, YOU MUST ALSO COMPLETE SECTION #2

OWNER NAME		DRIVERS LICENSE NO. (LEAVE BLANK IF OWNER IS CORPORATION, LLC OR TRUST)	
OWNER MAILING ADDRESS		CITY	STATE
			ZIP CODE
OWNER BUSINESS TELEPHONE NUMBER ()	OWNER CELL PHONE NUMBER ()	OWNER EMAIL ADDRESS	
OWNER SIGNATURE		DATE	

SECTION #2 – DESIGNATED LOCAL AGENT, CORPORATION, LLC, OR TRUST (PLEASE PRINT)

NAME OF LOCAL AGENT OR TRUSTEE		LOCAL AGENT/TRUSTEE DRIVERS LICENSE NO.	
LOCAL AGENT/TRUSTEE ADDRESS		CITY	STATE
			ZIP CODE
BUSINESS TELEPHONE NUMBER ()	EMAIL ADDRESS	ADDITIONAL CONTACT NUMBER (optional) ()	
DESIGNATED LOCAL AGENT/TRUSTEE SIGNATURE		DATE	

MULTIPLE UNIT FEES: DO NOT USE THIS FORMULA IF RENTAL PROPERTY IS A SINGLE FAMILY HOME

First Unit	\$100	\$ <u>100</u>
Number of Units _____ X	\$ per unit =	\$ _____
Total Charge		\$ _____