

City of Saginaw Permit
Department 301 S.
Saginaw Blvd.
Bus: 817-230-0552 Fax: 817-232-8565
E-mail: rentals@saginawtx.org



City of Saginaw
2022-2023 Rental Permit
Application **Duplex**

Permit Date: _____
Permit #: _____
Total Fee: _____
Receipt #: _____

Rental Property Address:

Property Owner Information

Name as on TAD Record:

Owner Mailing Address:

City:

State:

Zip:

Cell Phone:

E-mail:

If property owner is an entity, provide information of the Registered Agent or Chief Executive Officer. A photocopy of the Driver's License of the Owner, Registered Agent or Chief Executive Officer must accompany this application.

Registered Agent Name:

Chief Executive Officer:

Property Management Company

Does this property utilize a property manager/company other than the owner? Yes No

Company Name:

Address:

City:

State:

Zip:

Office Phone:

E-mail:

Manager/Local Contact:

Contact for Inspections:

Cell Phone:

E-mail:

Contact for Rental Registrations:

Cell Phone:

E-mail:

For online payments, please email the completed application to rentals@saginawtx.org
and you will be sent a link to make the payment

To pay by mail please send the completed application
and check for \$125.00 per rental unit
to:

City of Saginaw
Rental Registration
PO Box 79070
Saginaw, TX 76179

Or, to pay by credit card, check or cash you may drop off
the application and payment to our offices at:

City of Saginaw
Building Department at the Train Depot
301 S. Saginaw Blvd
Saginaw, TX 76179

Property Information

Property Address - Unit #		
Tenant #1	Full Name:	Cell Phone:
	Email:	
Tenant #2	Full Name:	Cell Phone:
	E-mail:	

Property Address - Unit #		
Tenant #1	Full Name:	Cell Phone:
	Email:	
Tenant #2	Full Name:	Cell Phone:
	E-mail:	

I hereby certify that all information has been reviewed and is complete and correct. I hereby certify that each rental dwelling for which the application is submitted is equipped with properly working smoke detectors and carbon monoxide detectors in accordance with the current adopted editions of the International Property Maintenance Code. I hereby agree to abide by the ordinances applicable to the multi-family rental dwellings described in this application as a condition of being issued this permit. I understand all rental units will be inspected one time per calendar year with no inspection required at change of tenancy. I understand permit applications and fees will be due no later than the last day of January of each year. I understand it shall be the owner/agent/manager responsibility to notify the tenants of the impending inspections. I understand nothing shall be construed to prohibit an inspection at the request of a tenant. I understand this permit is not transferable to another person or entity. I hereby certify the Agent for Service named on this application is authorized for purposes of notice and other communications provided. I certify that notice provided to this agent shall constitute notice served upon the owner unless actual written notice is submitted from the owner to the Building Official stating the designated agent is no longer authorized to accept service.

Incomplete or inaccurate applications will not be accepted and may be subject to late fees.

If you have read and acknowledge the information stated above, please check box.

Applicant Signature:	Date:
Printed Name:	Date: