

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



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

City of Saginaw
2022-2023 Rental Permit
Application **One Owner Multiple**
Properties

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:

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

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

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

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

Property Information

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

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

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	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 the 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 certify that the rental dwelling shall not be separated into separate rental units with restricted access to the common areas. I hereby agree to abide by the ordinances applicable to the single-family rental dwelling described in this application as a condition of being issued this permit. I understand this permit is valid for one year from date of issue and is not transferable to another person or entity. I understand it shall be the owner/agent/manager responsibility to notify a tenant of the impending inspection. I understand nothing shall be construed to prohibit an inspection at the request of a tenant. 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: