



520 3rd Street, Suite 140

Brookings, SD 57006

605.692.6629

www.cityofbrookings.org

RENTAL HOUSING PERMIT APPLICATION

Rental Property Information

Date: _____

Rental Property Address: _____ Brookings, SD 57006

(A separate application is required for each building)

For single family or two family dwellings:

Unit #: _____ # of occupants: _____ Individuals or family (circle one)

Unit #: _____ # of occupants: _____ Individuals or family (circle one)

For dwellings with 3 or more units:

of units within dwelling: _____

Name of Apartments: _____

Owner Information

Name of Owner: _____

Address of Owner: _____
Street City State Zip Code

Day Phone #: _____ Cell Phone #: _____

Email Address: _____

Manager of Rental Property **(who must reside within Brookings County)**

Name of Manager: _____

Address of Manager: _____
Street City State Zip Code

Day Phone #: _____ Cell Phone #: _____

Email Address: _____

Signature of Owner or Manager

I hereby declare that the above information is correct to the best of my knowledge and understand all inspections will be performed pursuant to Chapter 22 of the Code of Ordinances for the City of Brookings.



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OFFICE USE ONLY

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Property Address: _____

Date of Last Inspection: _____ Date Inspection Passed: _____

License Expiration Date: _____

Addition: _____ Block: _____

Legal Description: _____

Lot Size: _____ Number of Units: _____

Zoning: _____ Parking: _____

Alarms: _____ Windows: _____

Rental Fee Amount: _____

Penalty Fees: _____

New Rental or Renewal License: _____

Conforming or Non-conforming: _____

Year Built: _____ Ordinance Year: _____

Comments: _____
