

RENTAL HOUSING PERMIT APPLICATION

CITY OF BROOKINGS DEPARTMENT OF COMMUNITY DEVELOPMENT

311 3RD AVENUE PO BOX 270 BROOKINGS SD 57006

Phone (605) 692-6629 Fax (605) 692-6907 www.cityofbrookings.org

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 #: _____

E-mail 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 #: _____

E-mail 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