CITY OF BYRON
680 BYRON MAIN COURT NE
BYRON, MN 55920

HOUSING REGISTRATION CERTIFICATE APPLICATION –

Rental Address:

Owner Name(s) _____ _____ _____
LAST FIRST MIDDLE

_____ _____ _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Phone # _____ **E-mail:** _____

OWNER's Driver's License No. _____

Building Manager _____ **Phone No.** _____

Manager's Address _____
STREET CITY STATE ZIP CODE

Manager's e-mail _____

I have completed this application and state the information contained is correct to the best of my knowledge.

I acknowledge that I have reviewed and understand the provisions of Chapter 114. I intend to abide by this chapter and will reference Chapter 114 in written lease agreements for this property.

Signature _____ ☐ owner ☐ manager **Date** _____

Type of Building	No. of Units
Single Family Dwelling	_____
Two Family Dwelling	_____
Apartment Building	_____
Rooming Units	_____
Owner occupies one unit	☐ Yes
	☐ No

FEE: $40.00 per living unit

Make checks payable to:

City of Byron

For Office Use Only

City Administrator _____

City Planner _____

Certificate No. _____

Approved on _____

Zoning District _____

☐ ***RENTAL UNIT FEE WAIVED, CRIME FREE MULTI-HOUSING CERTIFICATE ATTACHED**