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 No. _____ **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:** _____
Please Circle One

Type of Building:	No. of Units:
Single Family Dwelling	_____
Two Family Dwelling	_____
Apartment Building	_____
Rooming Units	_____

Owner Occupies 1 Unit: Yes / No

FEE: $40.00 per living unit

Checks payable to: City of Byron

***Rental Unit Fee Waived If Crime Free Multi-Housing Certificate Attached**

For Office Use Only

Zoning District _____

Approved _____

City Planner _____

Certificate No. _____

Waived Fee: Yes / No

Paid: _____ Date: _____