



City of Brownsville
Building and Permitting Department

Multi-Family Rental Registration

Building & Permitting Department * 1034 E. Levee * Brownsville * Texas 78520

Location and Contact Information

Complex Street Address: _____
(Physical Street Address of Complex)

City: _____ State: _____ Zip: _____

Complex Name: _____
(Name of Complex-Not Owner)

Complex Telephone: _____ Fax: _____
(Main Telephone and Fax Number of Complex -- Not Owner)

Building and Apartment Information

How many buildings are in the complex? _____ (including office, pool, recreation center, laundry, etc.)

How many total dwelling units/apartments are in the complex? _____

One bedroom units: _____

Four bedroom units: _____

Two bedroom units: _____

Efficiency Units: _____

Three bedroom units: _____

Owner occupied unit: _____

() Yes () No Is there a pool?

(Can only claim one unit and it must be a primary residence)

Site Plan

If an accurate copy of the site plan is on file from your last registration and if no changes have been made at the property, it will not be necessary to submit another site plan. If we do not have a site plan, or changes have occurred, please follow the steps below.

Attach a copy of a site plan that depicts:

- () The location of each building within the complex;
- () Apartment numbers/address for each building;
- () A description of the use for each building (pool house, mail center, etc.);
- () Parking locations and number of spaces;
- () Trash receptacle/dumpster locations;

() Yes () No Did you attach a site plan?

Security System

Yes No Is there a security system on the property?

Yes No Is the system monitored? If yes, complete company information.

Company Name: _____ Telephone Number: _____

Yes No If there are bars across the windows for the purpose of security, do the sleeping room windows have emergency escape mechanisms?

Fire Alarm System

Yes No Are smoke alarms batter powered only?

Yes No Are smoke alarms wired to the building electrical system?

Yes No Is there a fire alarm system on the property?

Yes No Is the system manual?

Yes No Is the system monitored?

Company Name: _____ Telephone Number: _____

Pest Control

Yes No Do you have written proof that a person licensed under the Texas Structural Pest Control Act has treated the complex within the preceding six (6) months.

(Please provide a copy.)

Owner Information

Ownership type: (Check one)

Company

Limited partnership / limited liability

Corporation

Limited liability limited partnership

Joint venture

Trust/trustee

Other: _____

Sole proprietor

DBA Owner Information (If applicable)

DBA Owner Name: _____

DBA Owner Address: _____

City: _____ State: _____ Zip Code: _____

DBA Owner Telephone: _____ Fax: _____ DBA Tax I.D. # _____

Owner Information

Owner Business Name: _____

Owner Business Address: _____

City: _____ State: _____ Zip Code: _____

Owner Residence Address: _____

City: _____ State: _____ Zip Code: _____

Owner Business Telephone: _____ Owner Residence Telephone: _____

Owner Fax: _____ Owner Cell Phone: _____

Owner E-mail: _____ Date of Birth: _____ (required)

Owner Driver License #: _____ (optional) State: _____

Registered Agent's Name

If any owner permanently resides outside of Texas they must designate an agent to receive service of legal notice.

Agent Name: _____

Physical Street Address: _____

(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____ Fax: _____

E-mail _____

Property Management

() Property Management Company Name (if applicable): _____

Physical Street Address: _____

(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

E-mail _____

() Property Manager's Name (if applicable); _____

Physical Street Address: _____

(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence/Cell Phone: _____

E-mail _____

() Onsite Manager's Name (if applicable) _____

Physical Street Address: _____

(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence/Cell Phone: _____

E-mail _____

Emergency Contact Information

In the event of fire, natural disaster, flood, burst pipes, collapse hazard, violent crime or emergency conditions, who are the designated employees or authorized representatives assigned to respond during any twenty-four hour period of time?

Primary Contact Name: _____

Physical Street Address: _____

(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Residence/Cell Phone: _____

Physical Business Address: _____

(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence/Cell Phone: _____

Secondary Contact Name (optional) : _____

Physical Street Address: _____

(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Residence/Cell Phone: _____

Physical Business Address: _____

(PO Box Not Acceptable)

City: _____ State: _____ Zip Code: _____

Business Telephone: _____ Residence/Cell Phone: _____

Required Signature (s)

Registration Authorized By: _____

Name

Signature

Date

Registration Completed By: _____

Name

Signature

Date

I affirm that the information on this application is true to the best of my knowledge and belief. If the rental is sold to a new owner, corporation or partnership, you must notify the City within 30 days. Failure to comply with this requirement may result in penalties as established by the City Code.

Bring completed registration form to: City of Brownsville, Building & Permitting Department

1034 E. Levee

Brownsville TX 78520

Questions: 956-550-8345 * Online Resources <http://permits.cob.us/>