

Title 4 Chapter 7 Rental Fit Premises Ordinance Information Sheet

- The Rental Dwelling Business License Expires June 30.
- 3 or more rental units must be inspected prior to a license being issued.
- Rental Inspections must be scheduled within two (2) business days of application with The Code Enforcement Office 435-627-4606.
- All Rental Dwellings must be in compliance with the City Rental Dwelling Ordinance and any applicable laws within thirty (30) days of application.
- All changes to the Rental Dwelling Application must be made in writing to the City Business License Department.
- Change of ownership requires a new application within thirty (30) days. Please contact the Business License Department in writing with the new ownership information.
- A Local Washington County Agent is required. The Local Agent is the person authorized to act for and on behalf of the owner for the purpose of receiving notices and demands and performing the property owner's obligations if the owner or manager resides outside of Washington County.

The receipt for payment of the Rental Dwelling License fees does not constitute being approved to operate a business. The actual License will be issued only when all inspections are completed and signed off by the Code Enforcement Office, and approval is given by the Business License Officer. The City of St. George shall not be held responsible for delays in processing an incomplete application, or for property improvements and other business expenditures occurring before the license application receives final approval.

To open and/or operate a Rental Dwelling Business without final approval of the license is a Class "B" misdemeanor and is subject to a \$1000.00 fine and/or six month sentence and administrative fines.

The Rental Fit Premises Ordinance Chapter 7 Section 4-7-1 is available at www.sgcity.org.

RENTAL DWELLING BUSINESS LICENSE APPLICATION

175 East 200 North St. George, Utah 84770

AN INSPECTION OF THE RENTAL UNIT MUST BE COMPLETED BY THE CODE ENFORCEMENT DEPARTMENT PRIOR TO APPROVAL OF THE RENTAL DWELLING LICENSE. THE RENTAL DWELLING UNIT MUST BE IN COMPLIANCE WITH THE RENTAL DWELLING ORDINANCE WITHIN 30 DAYS OF APPLICATION.

Rental Dwelling Units that are 10 years old or less do not require a rental inspection.

All information must be complete and accurate for application to be accepted

Property Owner/Applicant Information

Please Print

1. Name: _____
2. Residence Address of Applicant _____
3. Mailing address if different _____
4. Home Phone _____ Cell Phone _____ Fax _____
5. E-Mail _____
6. Ownership Type: Corporation Partnership Sole Proprietorship LLC
 Corporation Name (if applicable) _____
(ALL owners other than applicant)
 President General Partner Sole Proprietor
7. Name _____ Home Phone _____
8. Residence Address _____
 President General Partner Sole Proprietor
9. Name _____ Home Phone _____
10. Residence Address _____

Local Agent/Property Manager Information (Local Agent/Property Manager must reside within Washington County).

Name _____

Address _____

Business Phone _____ Cell Phone _____ Home Phone _____

License Fee: \$50.00 plus \$10.00 for the Local Agent/Property Manager

Total Due\$ _____

All applications and remittances are accepted subject to inspections and approval and do not constitute a license to do business. The foregoing is correct to the best of my knowledge. The applicant hereby acknowledges his/her responsibility to maintain the Rental Dwelling in compliance with all applicable laws and city ordinances. I understand this **License will expire June 30** and it is my responsibility to renew the license without further notification from the City of St. George.

Authorized Applicant Signature _____ Title _____ Date _____

License Number _____ License Officer _____ Date _____

PROPERTY INFORMATION APPLICATION

It is the responsibility of the Owner/Agent/Property Management to schedule inspections within 2 business days of submitting the Rental Dwelling Application to the Business License Office.

To schedule inspections please contact the Code Enforcement Office at 435-627-4606

___ Condo ___ Duplex ___ Triplex ___ Fourplex ___ Single Family ___ Apartment _____ Other

Address of Rental Dwelling Unit(s) *(Please list all units at this address attach additional Property Information Sheet if required).*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Year Built 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

Name(s) of Occupants: *(This information needs to be current at all times with the Business License Department)*

Number of occupants per unit 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____

1. _____ / _____ / _____
2. _____ / _____ / _____
3. _____ / _____ / _____
4. _____ / _____ / _____
5. _____ / _____ / _____
6. _____ / _____ / _____
7. _____ / _____ / _____
8. _____ / _____ / _____

Office Use Only

Property Owner _____ Agent _____

Property Owner Phone _____ Agent Phone _____

Inspections have been scheduled for _____

