

CITY OF RIVER FALLS
APPLICATION FOR NEW RENTAL HOUSING PERMIT

ADDRESS OF RENTAL UNIT: _____

Owner Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: (____) _____ Work/Cell: (____) _____

Manager/Caretaker Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: (____) _____ Work/Cell: (____) _____

<p>Bedroom #1: _____ * floor level. Dimensions _____ X _____ = _____ ft²</p> <p>Bedroom #2: _____ floor level. Dimensions: _____ X _____ = _____ ft²</p> <p>Bedroom #3: _____ floor level. Dimensions: _____ X _____ = _____ ft²</p> <p>Bedroom #4: _____ floor level. Dimensions: _____ X _____ = _____ ft²</p> <p>Bedroom #5: _____ floor level. Dimensions: _____ X _____ = _____ ft²</p> <p><i>*Indicate: "Main", "Upper" or "Bsmt". [Min. open area of 80 ft² required for a legal bedroom.]</i></p>
<p>FOR OFFICE USE ONLY: OCCUPANCY LIMIT: _____ BEDROOM(S). _____ PERSON(S)</p> <p>BLDG USE: _____</p>

I agree to comply with Municipal Code Chapter 15.16. Copies of Chapter 15.16 are available upon request or it can be found on the City web page @ www.rfcity.org.

OWNER/AGENT: _____ **DATE:** _____

Return this application and permit fee payment, (Payable to: City of River Falls), to:

RENTAL HOUSING PERMITS
CITY OF RIVER FALLS
222 LEWIS ST., STE 212
RIVER FALLS, WI 54022

FOR OFFICE USE ONLY:		BUILDING USE TYPES:					
APT	APTS-NC-OO	DUPLEX	MH	SF-OO	TWHM-NC		
APT-NC	CONDO	DUPLEX-OO	MH-NC	SF-NC-20			
APTS	BRDG HS	DUPLEX-NC	SF	TNHM			
APTS-NC	BRDG HS-NC	DUPLEX-NC-OO	SF-NC	TWHM			
Expiration Date: _____	Permit Fee Paid: _____	<table border="1"> <tr> <td>ZONING DISTRICT: _____</td> </tr> <tr> <td>[*All "R-1" UNITS LIMITED TO 4 PERSONS AS OF 2005.]</td> </tr> </table>				ZONING DISTRICT: _____	[*All "R-1" UNITS LIMITED TO 4 PERSONS AS OF 2005.]
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Date Received: _____ / _____ / _____	Receipt #: _____	No. of Permit Cards: _____	PERMIT #: _____ - _____ - _____				
Check #: _____	Date Permit Issued: _____ - _____ - _____						