

CITY OF NORWAY RENTAL CODE REGISTRATION FORM

Date:	
Tax Id (Ex: 22053-XXX-XXX-XX):	
Rental Address:	
Current Zoning District:	
Number of Parking Spaces on Property <i>(not including any public property, i.e. Boulevard/street)</i> : _____	
Year became a rental: _____	Family dwelling type <i>(circle one)</i> : Single Multi
Do you live in Dickinson County? <i>(circle one)</i> Yes No	
<i>If not, you must have a local agent. Please fill out the following information for agent.</i>	
Owner's Name:	Agent's Name:
Address:	Address:
City:	City:
State: Zip:	State: Zip:
Work /business phone:	Work /business phone:
Cell phone:	Cell phone:
Home Phone:	Home Phone:
Email Address:	Email Address:

I will comply with all Federal, state, local laws including but not limited to building codes, health codes, property maintenance codes, and zoning codes.

Signature: _____

Dated: _____

Witness: _____

Dated: _____

Official Action:	
Approved: _____	Denied: _____
Remarks:	
Approval Signature: _____	Date: _____

For Administration Use Only	
File#:	
Date Received:	
Fee amount paid: \$ 0.00	Date Paid: NA