

APPLICATION FOR CERTIFICATE OF REGISTRATION
PLEASE PRINT OR TYPE
For questions please call Code Enforcement at (309)494-8654



1. Date of Application: _____ 2. PIN # _____

3. Address of Property: _____

| | |
|----------------|--|
| Legal Owner(s) | 4. Name: * |
| | (If owner is a company, please also include a contact person) *(Legal owner name must be same as name on Recorded Deed) |
| | 5. Street Address: _____ |
| | City State Zip Code |
| | 6. Phone: () _____ 7. Drivers Licence Number _____ |
| | Email Address Alternative ID |

| | |
|--|--|
| Mgmt. Co., Agent, or Authorized Operator Co-Owners | 8. Name: |
| | (If a company, please also include a contact person) |
| | 9. Address: _____ |
| | City State Zip Code |
| | 10. Daytime Phone: () _____ |
| | Email Address |

| | |
|---|------------------------------|
| Recorded/ Non Recorded Contract Buyer/ Co-Owner | 11. Name: _____ |
| | 12. Address: _____ |
| | City State Zip Code |
| | 13. Daytime Phone: () _____ |

| | |
|-------------------------|--|
| Description Of Premises | 14. # of dwelling units: _____ 15. Year Built: _____ |
| | 16. Maximum # of Occupants: _____ 17. # of Bedrooms: _____ |
| | (For 16, enter actual number of occupants at time of registration). *For #14,16 and 17 - if there is more than one dwelling unit complete <u>Schedule A</u> on the reverse side |

PIN # OR PROPERTY ID

If property has more than one Pin # (Property ID), please attach a list of additional PIN #'s (Property ID) and attach to this application.

OWNERS/CO-OWNERS

If more than one owner, list name, street address, and telephone number of each owner.

** P.O. Box cannot be used as a legal address.

PARTNERSHIPS

If property is held by a partnership, corp. or association, attach name, address, telephone number, Driver's License number, and position of all partners or officers to this application.

TRUSTS

If property is held in a Trust, the first and last names of all beneficial interest holders must be listed on a separate sheet and attached to the application.

AUTHORIZED OPERATOR AGENT, MANAGEMENT COMPANY.

If more than one authorized operator, agent, or management company, please attach an addit. sheet. The agent must be at least 21 years of age and live in or maintain an office in the Tri-County Area.

YEAR BUILT

Year built information can be obtained from the Property Abstract or by contacting the City Assessor's office at (309) 494-8180

1. I/We, the undersigned, acknowledge the data submitted in this application is an accurate representation of the date of this application and the statement shall be prima facia proof of the statements in any administrative enforcement or court proceedings.
2. I/We understand that it is illegal to operate a rental unit, within the City of Peoria, without a Certificate of Registration. I/We also understand that failure to comply or provide accurate information will result in legal actions and fines.
3. I/We understand that submission of this application and issuance of a Certificate of Registration does not indicate the property is in compliance with the Zoning Ordinance, Building Codes, or Property Conservation.
4. I/We understand by designating an authorized agent, I/We are consenting to receive any and all code violations concerning the registered lot and all process by service of the notice or process on the authorized agent.
5. I/We understand that I/We must file notify the Inspections Department within ten business days of any change in the registration statement.
6. I/We agree to conduct a self-inspection of all registered rental properties and will not rent the property until property is in compliance with all applicably codes. I/We also agree to have the self-inspection form in case the City of Peoria requests to view it.

Signature: _____

Do Not Write Below This Line - Official Use Only

Date Received: _____ 22. Fee Due: _____ Fee Enclosed: _____

Approved: _____ Denied: _____

SCHEDULE A

If the Property has more than one dwelling unit, **Schedule A** must be completed. Additional photocopies of the chart may be needed, if you have more than 30 dwelling units located on the property.

| Unit Number | # of Bedrooms in Unit | # of Occupants in Unit |
|-------------|-----------------------|------------------------|
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Instructions

1. Unit # is the number or letter that has been assigned to the apartment, townhouse, or condominium. Usually it is the mailing address of the unit.
2. # of Bedrooms in unit is the total number of bedrooms in the dwelling unit (apartment, townhouse, condominium).
3. # of Occupants in Unit is the total or maximum number of individuals that are allowed to live in the dwelling unit.