



# CITY OF WELLS RENTAL HOUSING LICENSE APPLICATION

## PROPERTY INFORMATION

RENTAL PROPERTY ADDRESS:	NUMBER OF UNITS:
PROPERTY DESCRIPTION (SINGLE-FAMILY/MULTI-FAMILY/TOWNHOME/MANUFACTURED HOME):	

## PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME:	
DOB (IF NO DBA):	SSN (IF NO DBA):
DOING BUSINESS AS (DBA):	
STATE TAX ID:	FED TAX ID:
MAILING ADDRESS (STREET #, CITY, STATE, ZIP):	
CONTACT NUMBER:	EMERGENCY CONTACT NUMBER:
PROPERTY MANAGER NUMBER:	EMAIL:

## INSPECTION INFORMATION

INSPECTION DATE:	INSPECTION TIME:
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PLEASE NOTIFY RENTERS OF INSPECTION. THE PROPERTY OWNER OR THE RENTER MUST BE PRESENT DURING THE INSPECTION. CALL 507-525-0561 TO RESCHEDULE.

## FEES

LICENSE FEE	1 <sup>ST</sup> BUILDING	\$50.00	\$50.00
	ADDITIONAL BLDS	\$50.00 X	
INSPECTION FEE	EACH UNIT	\$50.00 X	
	RE-INSPECTION	\$50.00 X	

## SIGNATURE

ALL INFORMATION PROVIDED IS TRUE AND ACCURATE. THE PAYMENT MADE WITH THIS RENTAL HOUSING LICENSE APPLICATION DOES NOT CONSTITUTE AN AUTOMATIC GRANTING OF A RENTAL HOUSING LICENSE. PERMISSION IS HEREBY GIVEN TO THE CITY OF WELLS TO CONDUCT INSPECTIONS OF THE PROPERTY LISTED HEREIN TO DETERMINE COMPLIANCE WITH CITY AND BUILDING CODES. PREMISES WILL BE MAINTAINED AS TO STANDARDS WHICH ARE SET FORTH BY THE CITY OF WELLS. I HAVE REVIEWED AND UNDERSTAND THE WELLS RENTAL HOUSING LICENSING PROCESS AND REGULATIONS:

PROPERTY OWNER SIGNATURE:	DATE:
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# CITY OF WELLS RENTAL HOUSING LICENSE INSPECTION CHECKLIST

## PROPERTY INFORMATION

RENTAL PROPERTY ADDRESS:		UNIT NUMBER:
NUMBER OF BEDROOMS:	NUMBER OF OCCUPANTS:	
PROPERTY DESCRIPTION (SINGLE-FAMILY/MULTI-FAMILY/TOWNHOME/MANUFACTURED HOME):		

## PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME:	
PROPERTY OWNER DOING BUSINESS AS (DBA):	
MAILING ADDRESS (STREET #, CITY, STATE, ZIP):	
PROPERTY OWNER CONTACT NUMBER:	PROPERTY EMERGENCY CONTACT NUMBER:
PROPERTY OWNER EMAIL:	IN COUNTY PROPERTY MANAGER NUMBER:

## INSPECTION CHECKLIST

<b>Kitchen</b>	<b>Y</b>	<b>N</b>	<b>Condition: Poor/Good/Excellent</b>
Adequate Circulation			
Working Sink			
Approved Water Supply			
Approved Sewer System			
Washable Flooring			
Adequate Hot Water			
Adequate Cold Water			
Plumbing Properly Installed			
Food Storage Area			
Food Prep Area			
Stove Supplied- in working order			
Refrigerator Supplied- in working order			

Comments:

<b>Bathroom</b>	Y	N	Condition: Poor/Good/Excellent
Working Toilet			
Approved Water Supply			
Lavatory Sink			
Adequate Hot Water			
Adequate Cold Water			
Washable Flooring			
Operable Window			
Plumbing Properly Installed			
Private Shower			
Bathtub			
Comments:			

<b>Interior</b>	Y	N	Condition: Poor/Good/Excellent
Floors			
Sound Electrical Capacity			
Ceilings			
Interior Walls			
Staircase			
-If so, hand-rail?			
Comments:			

<b>Exterior</b>	Y	N	Condition: Poor/Good/Excellent
Foundation			
Roof			
Exterior Wall			
Doors Lock			
Screened Doors			
Windows Lock			
Screened Windows			
Skylight			
Fuel Efficient Furnace			
Chimney			
Flue			
Smoke/Stove Pipe			
Comments:			

<b>Patios, Porches, Balconies</b>	Y	N	Condition: Poor/Good/Excellent
30" Above Ground			
-If yes, guard-rail?			
Comments:			

<b>Emergency Exit &amp; Entrances</b>	Y	N	Condition: Poor/Good/Excellent
Private Entry			
2 Above Ground Exits			
Comments:			

<b>Accessory Structure(s)</b>	Y	N	Condition: Poor/Good/Excellent
Structurally Sound			
Rodent Free			
Comments:			

<b>Smoke Detectors</b>	Y	N	Condition: Poor/Good/Excellent
Hallway			
Bedroom(s)			
Main Floor			
Comments:			
<b>Carbon Monoxide Detectors</b>	Y	N	Condition: Poor/Good/Excellent
Hallway			
Bedroom(s)			
Main Floor			
Comments:			

<b>DATE OF INSPECTION:</b>	
<b>SIGNATURE OF INSPECTOR:</b>	
<b>PASS/FAIL/INCOMPLETE:</b>	