



## Code Enforcement Department Application for a Boarding Home Permit

**This application must be legible and all requested information must be completed before this application can be processed.**

Please Check One:  **New Application**       **Renewal** (current permit expires \_\_\_\_\_)

Trade Name of Boarding Home (if applicable): \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Applicant**       Check here if authorized officer or agent of an entity)

Name \_\_\_\_\_ DOB \_\_\_\_\_ D.L. # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
(may not be address of boarding home unless a resident)

Phone \_\_\_\_\_ FAX \_\_\_\_\_ E-mail \_\_\_\_\_

**All Owners, Operators, and Employees** (other than applicant)

Name \_\_\_\_\_ DOB \_\_\_\_\_ D.L. # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
(may not be address of boarding home unless a resident)

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ D.L. # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
(may not be address of boarding home unless a resident)

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Emergency Contact** \*\*

(Capable of being contacted 24 hours a day, 7 days a week, and able to arrive within 1 hour of contact by City)

Name \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_  
(may not be address of boarding home unless a resident)

**General**

Number of Bedrooms \_\_\_\_\_ Maximum Number of Residents \_\_\_\_\_

List services to be offered or provided to the residents: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the facility has one or more residents with a disability, list the general disabilities of the resident(s) and information as to whether the individuals are ambulatory or suffer from a mobility impairment.

_____	_____
_____	_____
_____	_____
_____	_____

**ATTACHMENTS**

- If the applicant is a legal entity, such as corporation, partnership, association or non-profit, a copy of the documents establishing the entity
- A letter from the landlord authorizing use of home as a boarding home facility (if a rental property)
- Official Certified Texas and FBI criminal history background reports on each owner and operator of the boarding home facility
- Copies of all applicable driver’s licenses or official identification cards
- List of all rules that the residents must abide by, including the plan for ensuring that any residents who are recovering from an addiction to alcohol or a controlled substance continue to refrain from the use of such substances

I hereby swear or affirm under penalty of perjury that all of the information submitted with this application is true and correct to the best of my knowledge.

I will notify the Code Enforcement Director within 10 days of any change in the information contained in this application, including any change in ownership. **This permit will expire in one year.**

_____	_____	_____
Applicant Name	Signature	Date

\*\*\*\*\*

**TO BE COMPLETED BY CITY PERSONNEL**

License Number \_\_\_\_\_ Inspection Approval By \_\_\_\_\_ Date \_\_\_\_\_

FEES	<b>\$100</b> Permit Fee	<b>\$100</b> Reinspection Fee (if required)	\$20 Replacement Permit Certificate
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