



**Annual application required for all new and renewal licenses due Dec. 31.**  
**Updated application due within seven days of ownership or management change.**

**License Application**

Ownership Change  
 Management Change  
 Annual Renewal  
 Other \_\_\_\_\_

### Code Enforcement Department

Application for Multifamily, Condo, Manufactured Home/RV Community and Hotel/Motel License

**Per Chapter 8, Irving Minimum Building Standards, Section 8-19 License, all information shall be provided.**

Ordinance available at [CityofIrving.org/DocumentCenter/View/232](http://CityofIrving.org/DocumentCenter/View/232)  
Zoning District List available at [CityofIrving.org/Faq.aspx?QID=259](http://CityofIrving.org/Faq.aspx?QID=259)

Select One:  Apartments  4-Plex  Condo  Manufactured Housing  Hotel/Motel

Trade Name: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Multifamily – Emergency 24/7 Phone No.: (\_\_\_\_) \_\_\_\_\_

### Unit Count/Mix

Multifamily (Apartment, 4-Plex, Condo)	Number of Efficiency Units _____	Number of One Bedrooms _____
	Number of Two Bedrooms _____	Number of Three Bedrooms _____
	Number of Clubhouses _____	Number of Gym/Rec Center _____
	Number of Offices _____	Number of Washateria _____
Current Occupancy _____ %		
Manufactured Housing/RV Community	Number of Plots _____	<b>TOTAL</b> _____
Hotel/Motel	Number of Rooms _____	

### General Information

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ D.L.#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Property Management Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Manager: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ D.L.#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Manager Phone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Per Chapter 8, Irving Minimum Building Standards, Section 8-19 License, all information shall be provided**  
Ordinance available at [CityofIrving.org/DocumentCenter/View/232](http://CityofIrving.org/DocumentCenter/View/232)

### Insurance Company

Insurance Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Insurance Company Phone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Accounts Payable

Person Responsible for payment of utility bill: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### L.P., L.L.P. or Corporation

Name of Agent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ D.L.#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Name of Agent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ D.L.#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Condominium Regime Only

President: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ D.L.#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Vice President: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ D.L.#: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone No.: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

I hereby certify that all of the information submitted with this application is true to the best of my knowledge.

\_\_\_\_\_  
Signature of Owner, Agent, Manager or Representative      Print Name      Title      Date