



**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](http://CityofIrving.org/Faq.aspx)

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.: (\_\_\_\_) \_\_\_\_\_ Access Gate Code (if applicable): \_\_\_\_\_

### Unit Count/Mix

Multifamily (Apartment, 4-Plex, Condo)      1) Number of Efficiency Units \_\_\_\_\_      5) Number of One Bedrooms \_\_\_\_\_  
2) Number of Two Bedrooms \_\_\_\_\_      6) Number of Three Bedrooms \_\_\_\_\_  
3) Number of Clubhouses \_\_\_\_\_      7) Number of Gym/Rec Center \_\_\_\_\_  
4) Number of Offices \_\_\_\_\_      8) Number of Washateria \_\_\_\_\_

Current Occupancy \_\_\_\_\_ %

Manufactured Housing/RV Community      Number of Plots \_\_\_\_\_      **TOTAL NUMBER** (Lines 1-8) \_\_\_\_\_  
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: \_\_\_\_\_

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### 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