

## City of South Charleston

P. O. Box 8597 South Charleston, WV 25303 Telephone: 304-720-5985 Fax: 304-720-5989

www.cityofsouthcharleston.com

## APPLICATION FOR RENTAL LICENSE

Residential Rental Lic	eense = \$10.00 per root	of	Commerc	ial Renta	al License = \$	15.00 per roof
Name of Business:	Name of Owner:					
<b>Business Type:</b>	☐ Individual Owr	ner   Partnersh	ip 🗆 Corporati	ion 🗆 (	Other	
Physical Address:						
Mailing Address:						
Phone Number:	E-mail Address:					
Ownership Structure	(Partnerships/Corpo	rations only)				
Officer Title	Name		ysical Address	Phon	Phone Number	
(If additional space is require	d please use the back of th	is form )				
On-Site Contact (Ope	•	,				
			Phone !	Vumbare		
Physical Address:						<u> </u>
Total Sq. Ft. of Entire	Dwelling:	Total # of U	Inits at Property	y (if appl	icable):	
Current Status of Ren	tal: Occupied	Vacant	er Renovation	☐ Other		
Dwelling Unit Informa	tion (if applicable)	# of Bedrooms	# of Occupants	Sq. Ft.	Heat Source	Rent Paid
Example: Apartment A		2	3	800		\$600.00
<u>Certification</u>		-	<u> </u>	000		\$000.00
I certify that the informal imposed on the license.	e code compliance. I					
Owner / Officer Signa	ture			Date		