

___ **Initial** ___ **Renewal**

**CITY OF FAIRMONT RENTAL REGISTRATION PROGRAM
APPLICATION FOR CERTIFICATE OF USE AND OCCUPANCY**

IMPORTANT: All applicable questions must be answered to properly classify business activities and rental database. Incomplete forms will delay processing of your application.

Dwelling Location: _____
Unit: _____ # of Units in Building: _____ # of Stories _____
of Occupants _____

Name(s) of Property Owner(s) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: Work: _____ Home: _____ Cell: _____

Ownership: _____ Sole Proprietorship _____ Partnership _____ Other (explain)

Email: _____

Mail Certificate to: _____

Notify in case of emergency or non – conformance

Owner: _____ **OR**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

I acknowledge that the Fairmont City Code, Section 1767.08 requires that access be provided to all areas of any structure containing rental dwellings. I agree to provide such access and to schedule inspection (s) on or before the expiration date of the current Certificate of Use and Occupancy. I understand I must pay a \$30.00 registration fee per unit.

I also understand that scheduling inspections and ensuring all rental properties have current Certificate of Occupancy is the responsibility of property owner(s).

Property owners missing a scheduled inspection and/or failing to provide a 24 hour notice of cancellation to the Building Inspection office will be charged an additional fee.

Any owner(s) found to have been leasing a property for human habitation, and the Certificate of Occupancy has lapsed, owner will be subject to a fine of \$100.00 per unit.

WARNING: It shall be unlawful for the owner of any dwelling unit or structure who has received a compliance order or upon a notice of violation has been served to: sell, transfer, mortgage, lease or otherwise dispose of such dwelling unit or structure without first:

1) comply with order or notice

2) obtain a transfer of ownership statement as required by the State Code

CONSENT TO INSPECT: _____
Signature of Owner or Applicant Date

ALL FEES MUST BE PAID IN FULL PRIOR TO SCHEDULING AND INSPECTION

PAYMENTS MADE PAYABLE TO & RETURN TO: THE CITY OF FAIRMONT

www.fairmontwv.gov

P.O BOX 1428, FAIRMONT, WV 26554

List all rental properties owned within the City of Fairmont. Use additional sheets if necessary.

Address: _____ # of units: _____

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Address: _____ # of units: _____

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Address: _____ # of units: _____

Address: _____ # of units: _____

Address: _____ # of units: _____

Address: _____ # of units: _____

THIS SECTION FOR OFFICE USE ONLY

Fee Submitted: _____

Received By: _____

Receipt #: _____

Date Received: _____