

Office Use Date: _____ Time: _____
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## Residential Occupancy Application

Community Development Department

### Residential Occupancy Inspection Request

Please Check Applicable:  Owner Occupied Residential Property  Rental Residential Property

Site Street Address for Inspection: \_\_\_\_\_

Apartment/Unit Numbers: \_\_\_\_\_

Site Mailing Address (If Applicable): \_\_\_\_\_

Living Space Square Feet: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_ Number of Occupants: \_\_\_\_\_

Has there been a change of occupancy since last application?  Yes  No

**Provide the name and driver's license of each adult occupant: (Please list additional names on separate sheet and attached.)**

Name: \_\_\_\_\_ Driver's License/ID No.: \_\_\_\_\_ State: \_\_\_\_\_

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Name: \_\_\_\_\_ Driver's License/ID No.: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Driver's License/ID No.: \_\_\_\_\_ State: \_\_\_\_\_

### Check Applicable

Individual Owner  Partnership  Corporation/LLC  Property Management Company  Tenant

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Is this a foreign corporation?  Yes  No Place of incorporation: \_\_\_\_\_

Incorporated under the State of Texas laws?  Yes  No

### Provide a Local Contact if Owner Does Not live Within 50 Miles of Commerce, Texas

Local Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Driver's License: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date