



APPLICATION FOR RENEWAL OF ROOMING HOUSE LICENSE

Date _____

I, (we) make application for a license as indicated above, pursuant to the Housing Maintenance and Occupancy Ordinance of the City of Eau Claire, Wisconsin.

Property Address	
Owner Name	
Address	
Phone	

Name of Local Agent (if different from above). Must be a resident of Eau Claire.

Note: This information is required to be submitted if applicant is absent from this city for thirty or more days, or a non-resident.

Name	
Address	
Phone	

Do you provide furnishings? Yes No

Number of unrelated occupants living at this property _____

Have any physical changes been made to the property over the past year (parking, # of bedrooms, remodeled space, etc.)? Yes No Explain: _____

Applicant's signature _____ Date _____

ANY MISSTATEMENT OF INFORMATION IS GROUNDS FOR DENIAL OR REVOCATION OF LICENSE.

I hereby waive the 24-hour notice for inspection provided by the Housing Code.

Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Assigned number:	Date:
Site Plan Approval # SP:	Parcel #:
Fire Regulations met: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain:	Remarks: