**CITY OF STEWARTVILLE**
**105 E. 1ST St.**
**PO Box 275**
**Stewartville MN 55976**

# HOUSING REGISTRATION CERTIFICATE APPLICATION – 2011-2012

**Rental Address:**

**Owner Name(s)** _____ _____ _____
LAST FIRST MIDDLE

_____ _____ _____
LAST FIRST MIDDLE

**Address** _____
STREET CITY STATE ZIP CODE

**Phone #** _____ **Cell#** _____ **E-mail:** _____

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**Building Manager** _____ **Phone #** _____ **Cell#** _____

**Manager's Address** _____
**STREET CITY STATE ZIP CODE**

**Manager's e-mail** _____

**I have completed this application and state the information contained is correct to the best of my knowledge.**

**Signature** _____ ☐ owner ☐ manager **Date** _____

| Type of Building | No. of Units |
|---|---|
| Single Family Dwelling | _____ |
| Two Family Dwelling | _____ |
| Apartment Building | _____ |
| Rooming Units | _____ |
| Owner occupies one unit | ☐ Yes ☐ No |

**FEE: $40.00**

**Make checks payable to:**

*City of Stewartville*

***For Office Use Only***

Zoning District _____

Paid $40: _____

Approved: _____