



City of Park City  
6110 North Hydraulic  
Park City, KS 67219-2499  
316.744.2026 • fax 316.744.3865

**APPLICATION FOR PARK CITY RENTAL HOUSING PERMIT**

Property Address \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

Local Agent \_\_\_\_\_ Same as above \_\_\_\_\_

Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Date of Occupancy \_\_\_\_\_ New Construction \_\_\_\_\_

Email \_\_\_\_\_

**Inspection record**

Date of baseline inspection \_\_\_\_\_ Inspector \_\_\_\_\_

Permit Fee \_\_\_\_\_ Date paid \_\_\_\_\_

Permit expires \_\_\_\_\_ (one year)

**Change of ownership**

New owner \_\_\_\_\_

Address \_\_\_\_\_

Local Agent \_\_\_\_\_ Same as above \_\_\_\_\_

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Transfer fee \_\_\_\_\_ Date paid \_\_\_\_\_

I hereby certify that the information in this application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use Only	
Rental Property Permit Fee	Paid \$15.00 _____
Rental Property Inspection Fee	Paid \$100.00 _____
Date Paid	Receipt # _____