



# KCMO HEALTH DEPARTMENT Healthy Homes Rental Inspection Program

2400 TROOST AVE, SUITE 3600  
KANSAS CITY, MO 64108  
Phone: (816) 513-6347  
Fax: (816) 513-6356



Public Health

## Healthy Homes Rental Permit Application

### Please read the following before submitting application:

- Return completed application with supporting documents prior to opening a new rental property, change of ownership or management.
- If an individual other than the owner completes the form, a letter from the owner delegating this responsibility must be provided.
- A one-time Application Fee of \$20.00 is due upon submittal of this application.
- An annual Permit Fee of \$20.00 per rental unit must be submitted with the completed application.

OFFICE USE ONLY	
Permit #:	Issue Date:
Rec'd by:	Date:
Assigned to:	District:
Amount:	Check#:

Date: \_\_\_\_\_ New Rental Property  Change of Owner  Change of Management

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Rental Property Information

Property Name (if applicable): \_\_\_\_\_

Property Address or Leasing Office: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: Kansas City State: MO Zip: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Total Number of Units: \_\_\_\_\_

### Type of Property:

Single Family Dwelling  Multi-Family Dwelling  Apartment Unit  Mobile Home  Boarding/Rooming House

*Multi-Building Apartment Complexes please complete the following table for each building on the property.*

Building Address	# of Units	Building Address	# of Units

### Property Owner Information

Ownership Type (Check one): Individual  Association  Corporation  Partnership  LLC

Federal Tax ID #: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mail correspondence to: Owner Address  Management Address  Rental Property Address

### Management Company Information

Same as Owner:

Management Company Name: \_\_\_\_\_

Management Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Local Contact Information**

Same as Owner:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**IN ADDITION TO THIS APPLICATION, THE FOLLOWING SUPPORTING DOCUMENTATION MUST BE SUBMITTED:**

- Copy of Permit Holder's photo ID
- Copy of Federal Tax ID number letter (if applicable)
- Application and Permit fee in the form of business check, cashier's check, money order or credit card
- Proof of Property Ownership
  - Closing Disclosure Statement
  - Certificate of Recorded Deed
  - Real Estate Tax Valuation

*It is advisable to obtain a copy of the Kansas City, Missouri Healthy Homes Rental Ordinance and Requirements to ensure compliance with all regulations. Copies are available for download on our website: [www.kcmo.gov/health](http://www.kcmo.gov/health).*

**Fee Information**

**Fees will be accepted ONLY in the form of a business check, cashier's check, money order or credit card. NO CASH WILL BE ACCEPTED. A fee will be charged on all returned checks.**

**Please make check or money order payable to: Kansas City Treasurer**

Fees Due	
Application fee of \$20.00 per rental property for initial application or modifications of permits.	\$ 20.00
Permit Fee of \$20.00 per rental unit. ( ) x \$20.00 each	\$
<b>Total fees due:</b>	<b>\$</b>

I certify that the information stated on this application is complete and true to the best of my knowledge. I understand that any misstatement or omission of fact will render this application and any permit issued invalid.

I am familiar with the contents of the Kansas City, Missouri Healthy Homes Rental Property Ordinance & Regulations and understand that my rental property permit may be suspended or revoked by the Health Department for failure to comply with the provisions of the Ordinance (#180248, Chapter 34, Sections 830-868).

Upon issuance, I understand that Healthy Homes Rental Permits may not be transferred from one person to another person, from one location to another location, or from one type of operation to another type of operation.

Owner Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Reviewed by (Print): \_\_\_\_\_ Reviewed Date: \_\_\_\_\_