



DEPARTMENT OF LICENSES AND INSPECTIONS SUPPLEMENTAL PROPERTY REGISTRATION FORM

(To be used as an addendum to the Residential Property Rental License Application already filed.)

Please complete the following information in order for us to quickly process your form.
If you have additional rental units or have recently purchased other properties, please add them to this form. Proof of identity will be required. Please bring your picture id.

Owner(s) Name: _____ Today's Date: _____
 Owner(s) Home Address: _____ Business License No.: _____
 (Post Office Box Address is not Acceptable)
 City/State/Zip Code: _____ Date of Birth: _____
 Email Address: _____ SS# or EIN No.: _____
 Contact #: _____ (h) _____ (w) _____ (c) Contact Person: _____
 Business Name: _____
 (Same Business Names as on City of Wilmington's Business License)

If owner resides outside of New Castle County, a Licensed Property Manager is required. Please complete the section below.

Property Manager's Name: _____
 Home Address: _____ Business License No.: _____
 (Post Office Box Address is not Acceptable) State of Delaware Business License No. _____
 City/State/Zip Code: _____ Date of Birth: _____
 Email Address: _____ SS# or EIN No.: _____
 Contact #: _____ (h) _____ (w) _____ (c) Contact Person: _____
 Business Name: _____ Business Address: _____
 (Same Business Names as on City of Wilmington's Business License)

To be completed by Owner/Property Manager: 1

Rental Address: _____
Apartment # _____

Include Dimensions of Rooms within Rental Unit. For example,
Living Room – 20 ft x 18 ft

Living Room	_____	Bedroom 3	_____
Dining Room	_____	Bedroom 4	_____
Kitchen/Pantry	_____	Bedroom 5	_____
Bedroom 1	_____	Other	_____
Bedroom 2	_____		

To be completed by Inspector

Total Number of Occupants: _____

To be completed by Owner/Property Manager: 2

Rental Address: _____
Apartment # _____

Include Dimensions of Rooms within Rental Unit. For example,
Living Room – 20 ft x 18 ft

Living Room	_____	Bedroom 3	_____
Dining Room	_____	Bedroom 4	_____
Kitchen/Pantry	_____	Bedroom 5	_____
Bedroom 1	_____	Other	_____
Bedroom 2	_____		

To be completed by Inspector

Total Number of Occupants: _____

LIST PROPERTIES

Address #1: _____ # of Units: _____

Zoning: _____ Non-Conforming Use? _____ Yes _____ No If yes, Date Granted: _____

Address #2: _____ # of Units: _____

Zoning: _____ Non-Conforming Use? _____ Yes _____ No If yes, Date Granted: _____

Print Name: _____ Signature: _____ Title: _____ Date: _____

<p>To be completed by Owner/Property Manager: 3</p> <p>Rental Address: _____ Apartment # _____</p> <p>Include Dimensions of Rooms within Rental Unit. For example, Living Room – 20 ft x 18 ft</p> <table style="width:100%; border: none;"> <tr> <td>Living Room _____</td> <td>Bedroom 3 _____</td> </tr> <tr> <td>Dining Room _____</td> <td>Bedroom 4 _____</td> </tr> <tr> <td>Kitchen/Pantry _____</td> <td>Bedroom 5 _____</td> </tr> <tr> <td>Bedroom 1 _____</td> <td>Other _____</td> </tr> <tr> <td>Bedroom 2 _____</td> <td></td> </tr> </table> <p>To be completed by Inspector</p> <p>Total Number of Occupants: _____</p>	Living Room _____	Bedroom 3 _____	Dining Room _____	Bedroom 4 _____	Kitchen/Pantry _____	Bedroom 5 _____	Bedroom 1 _____	Other _____	Bedroom 2 _____		<p>To be completed by Owner/Property Manager: 4</p> <p>Rental Address: _____ Apartment # _____</p> <p>Include Dimensions of Rooms within Rental Unit. For example, Living Room – 20 ft x 18 ft</p> <table style="width:100%; border: none;"> <tr> <td>Living Room _____</td> <td>Bedroom 3 _____</td> </tr> <tr> <td>Dining Room _____</td> <td>Bedroom 4 _____</td> </tr> <tr> <td>Kitchen/Pantry _____</td> <td>Bedroom 5 _____</td> </tr> <tr> <td>Bedroom 1 _____</td> <td>Other _____</td> </tr> <tr> <td>Bedroom 2 _____</td> <td></td> </tr> </table> <p>To be completed by Inspector</p> <p>Total Number of Occupants: _____</p>	Living Room _____	Bedroom 3 _____	Dining Room _____	Bedroom 4 _____	Kitchen/Pantry _____	Bedroom 5 _____	Bedroom 1 _____	Other _____	Bedroom 2 _____	
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LIST PROPERTIES

Address #3: _____ # of Units: _____

Zoning: _____ Non-Conforming Use? ___ Yes ___ No If yes, Date Granted: _____

Address #4: _____ # of Units: _____

Zoning: _____ Non-Conforming Use? ___ Yes ___ No If yes, Date Granted: _____

Address #5: _____ # of Units: _____

Zoning: _____ Non-Conforming Use? ___ Yes ___ No If yes, Date Granted: _____

Address #6: _____ # of Units: _____

Zoning: _____ Non-Conforming Use? ___ Yes ___ No If yes, Date Granted: _____

Print Name: _____ Signature: _____ Title: _____ Date: _____