



Application Date: _____

APPLICATION FOR RESIDENTIAL CERTIFICATE OF OCCUPANCY

CITY OF LEWISVILLE
151 W. CHURCH ST.
LEWISVILLE, TX 75057
PHONE # 972-219-3470 FAX # 972-219-3772

Tenant Name: _____

DL# / ID#: _____ State/

Tenant Name: _____

DL# / ID#: _____ State/

Rental Property Address: _____

Tenant Home Number: _____

Tenant Cell Number: _____

Property Owner Name: _____

DL# / ID#: _____ State/

Owner Address, City, State, and Zip: _____

Owner Telephone #: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Management Co. Name: _____
(If Applicable)

Management Co. Tele #: _____

Management Co. Address: _____

Property Owner Signature: _____

Total Number of Occupants: _____

Name (Please Print): _____

FOR CITY USE ONLY

Application Approved: _____ Date: _____

Comments: _____
