

# RENTAL HOUSING BUSINESS LICENSE APPLICATION

THE CITY OF NEW CASTLE  
900 WILMINGTON ROAD  
NEW CASTLE, DE 19720-3638

2013

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To obtain your rental housing business license for the City of New Castle for Calendar 2011, **please complete the following** information and return it to the City at the address above, along with your payment. Incomplete applications will not be processed, so please fill in all information required. Any change of ownership of a rental unit must be reported to the Department of Public Services within one week.

**Fees:** Owners of rental properties - a flat fee of \$ 50.00 per year for each dwelling unit.

**On-site inspections are required for each vacant dwelling unit, prior to occupancy by the new tenant,** to assure the dwelling unit is in compliance with City Code, and **inspections are also required every two years** regardless of tenant change.

Violation of this section of the Code shall be punishable by fine of not less than one hundred dollars (\$100.00) per dwelling unit. Each day that a rental property is not licensed shall be considered a separate offense with a maximum limit of 10 days.

Any questions about the license application, or with other permit requirements can be answered by stopping in, between 8:30 and 4:30 weekdays at the Building Department Office located at 900 Wilmington Road, or by calling 322-9813.

**PLEASE SIGN AND DATE THIS APPLICATION AND RETURN IT WITH YOUR CHECK MADE PAYABLE TO: THE MAYOR & COUNCIL OF NEW CASTLE.**

Name of Lessor, if not an individual: \_\_\_\_\_

Name of property owner: \_\_\_\_\_

Owner's phone number: \_\_\_\_\_

Mailing address of owner: \_\_\_\_\_

Physical address of owner (if different from mailing): \_\_\_\_\_

Name of agent, if any: \_\_\_\_\_

Agent's phone number: \_\_\_\_\_

Mailing address of agent: \_\_\_\_\_

Physical address of agent (if different from mailing): \_\_\_\_\_

Name of property responsible party, other than owner: \_\_\_\_\_

Responsible party's phone number: \_\_\_\_\_

Mailing address of responsible party: \_\_\_\_\_

Physical address of responsible party (if different from mailing): \_\_\_\_\_

## Property/tenant information & number of rental units at each address

**(use form on back and attach additional sheets if necessary):**

License fee due (for units above): \$ \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### FOR OFFICE USE ONLY:

License fee due for number of units/properties above: \$ \_\_\_\_\_

License Number Issued: \_\_\_\_\_

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