



**SHORT TERM RENTAL  
PROPERTY REGISTRATION FORM**

Is this application being completed for the purpose of:  Initial Registration  Renewal

Address of Short-Term Rental Unit: \_\_\_\_\_

Approximate Total Dwelling Square Footage: \_\_\_\_\_

Number of Bedrooms to be Rented Out: \_\_\_\_\_

Will the entire dwelling be rented out?  Yes  No

List the square footage of each bedroom to be rented out.

Bedroom 1: \_\_\_\_\_ sf. Bedroom 2: \_\_\_\_\_ sf. Bedroom 3: \_\_\_\_\_ sf.

Bedroom 4: \_\_\_\_\_ sf. Bedroom 5: \_\_\_\_\_ sf. Bedroom 6: \_\_\_\_\_ sf.

Number of nights the unit was rented as a short-term rental in the previous year: \_\_\_\_\_

List ALL vacation rental platforms, websites, newspapers, etc. where rental unit is being advertised.

\_\_\_\_\_  
\_\_\_\_\_

**OWNER CONTACT INFORMATION**

Owner Name: \_\_\_\_\_

If Applicable, Trade Name of Resident Owner or Nonresident Owner:

\_\_\_\_\_  
Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If owned by a corporation, list the names and addresses of all registered agents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List ALL other rentals *whether located within the City of Duncanville or not*:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If there is a mortgage against the property, list mortgagee information (name, address, phone number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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PROPERTY MANAGER CONTACT INFORMATION

Is this information the same as the owner information listed above?  Yes  No

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

LOCAL EMERGENCY CONTACT INFORMATION

The local emergency contact must be an individual other than the property owner, who resides within 20 miles of the Subject property.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

**A \$250 annual registration fee is due upon submittal of this application and a \$100 inspection fee is due prior to scheduling your annual inspection. This application constitutes the consent of the property owner/manager/agent for the City of Duncanville to perform all required interior and exterior inspections of this property. The signatory does hereby represent that all the information is true and correct; any false information may result in withdrawal of the application and may result in criminal charges. The signatory does hereby acknowledge that they have read [Ordinance No. 2419](#). Furthermore, the signatory does hereby acknowledge compliance with all rules/regulations listed within Ordinance No. 2419 and [Sec. 3.04.B.8. Short-Term Rental Standards of the Duncanville Comprehensive Zoning Ordinance](#).**

SIGNATURE

DATE

Signature of Owner/Agent: \_\_\_\_\_

Printed Name of Owner/Agent: \_\_\_\_\_

REQUIRED DOCUMENTS

The following is required to be submitted along with this application. Please initial beside each to verify that all the information provided has been provided.

- Homeowner's Insurance for the rental unit. \_\_\_\_\_ (initial)
- Proof of Payment of Hotel Occupancy Taxes (Local). \_\_\_\_\_ (Initial)
- Proof of Payment of State Taxes. \_\_\_\_\_ (Initial)

- For initial registration, submit verification of ownership (mortgage statement or deed). \_\_\_\_\_ (Initial)
- For initial registration, please submit a detailed floor plan of the dwelling with dimensioned room layout. \_\_\_\_\_ (Initial)
- For initial registration, submit a site plan/property survey indicating the maximum number of vehicles that can be legally parked on the property, without encroaching onto the street, sidewalks or alleys, other public rights-of-way, or public property. (Please refer to Sec. 12C-55.C of Ordinance No. 2419.) \_\_\_\_\_ (Initial)
- For initial registration, submit brochure and safety features, per Ordinance No. 2419, Section 12C-56. \_\_\_\_\_ (Initial)
- \_\_\_\_\_ (Initial)

**OFFICE USE ONLY**

- Maximum number of allowed occupants: \_\_\_\_\_ (Includes owner if they are occupying.)  
*(Per Sec. 12C-55.B of Ordinance No. 2419, There shall be a maximum occupancy of ten (10) persons, including Adult and children.)*
- Maximum number of vehicles allowed: \_\_\_\_\_ *(Per Sec. 12C-55.C of Ordinance No. 2419, Bedrooms under 120 square feet shall be limited to only one adult occupant.)*
- Current Zoning District: \_\_\_\_\_
- Ownership information matches DCAD information?  Yes  No  
*(If the ownership information does not match DCAD, applicant must provide proof of ownership.)*
- Are there any outstanding issues related to taxes or building, electrical, plumbing, fire, health, housing, police, planning, noise, or code enforcement provisions?  Yes  No  
If yes, please list: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Did the property require approval of an SUP by the City Council?  Yes  No  
If yes, give ordinance No.: \_\_\_\_\_

**QR CODES – FOR CUSTOMERS**

ORDINANCE NO. 2419



SEC. 3.04.B.8

