



PLANNING AND COMMUNITY DEVELOPMENT DEPARTMENT

210 Lottie Street, Bellingham, WA 98225

Telephone: (360) 778-8361 Fax: (360) 778-8302 TTY: (360) 778-8382

**RENTAL REGISTRATION & SAFETY INSPECTION PROGRAM:
RENTAL PROPERTY REGISTRATION FORM**

All rental properties within Bellingham city limits are required to register. A separate registration form must be completed for each rental property. The registration fee, if applicable, is due at the time of form submittal.

For more information, visit www.cob.org/rentals

RENTAL PROPERTY INFORMATION

Parcel ID Number*:

How many rental units are at this property (*rental units are defined as units occupied or rented by a tenant or available for rent*)?

Rental Property Name (*if applicable, e.g. Acme Apartments*):

Rental Property Address (*street, city, state, zip code*):

Please list unit numbers here (*example: 1A, B, 301*), or attach additional page:

Rental property type (*check one*):

Single Family
 Apartment(s)

Duplex
 Condominium

Triplex/Fourplex
 Other

If other, please explain: _____

Who will likely conduct inspections for this property? (*check one*)

City of Bellingham

Private Inspector

PRIMARY CONTACT

Who will be the primary contact for rental registration correspondence? (*check one*)

Applicant

Owner

APPLICANT INFORMATION (*The Applicant is the person who is submitting this registration. This could be the owner, lessor, sublessor or representative, including but not limited to, an agent, resident manager, or designated property manager.*)

Applicant Name:

Applicant Business Name (*if applicable*):

Applicant Mailing Address (*street, city, state, zip code*):

Applicant Phone (*xxx-xxx-xxxx*):

Applicant Email:

*The Parcel ID Number is the same as the Geographic ID used by the Whatcom County Assessor. It can also be found on your Property Tax statement.

OWNER INFORMATION (If the owner information is the same as the applicant information, feel free to leave this section blank)

Owner Name:

Owner Phone (xxx-xxx-xxxx):

Owner Mailing Address (street, city, state, zip code):

Owner Email:

Owner Alternate Phone (xxx-xxx-xxxx):

DECLARATION OF COMPLIANCE

Pursuant to BMC 6.15.040.J, I declare that I am the owner of the property described above or am the designated landlord of such property and that the following statements are true and correct to the best of my knowledge: 1) Each unit complies with the city's Rental Property Inspection Checklist; 2) there are no conditions presented in the rental units that endanger or impair the health or safety of a tenant; and 3) I will provide to tenants who occupy units on the subject rental property a copy of a valid rental registration license that is to be posted within the unit in a visible location.

Per BMC 6.15.060(A), a registration may be denied, suspended or revoked if the registration was procured by fraud or a false representation of fact.

_____ signature

_____ date

The Rental Property Inspection Checklist is available at www.cob.org/rentals.

Number of Units	Registration Fee
1 to 20	\$20 per unit
21 or more	\$16 per unit

Units _____
X cost per unit _____
= TOTAL _____

Once completed, please return to the City of Bellingham for processing via email at rentals@cob.org or via mail to:

**Permit Center
C/O RR&SIP
210 Lottie St.
Bellingham, WA 98225**

If returning by mail, please pay with CHECK OR MONEY ORDER ONLY. If hand-delivering, we can accept payment by cash, check, money order, or credit/debit card. **Please make checks out to: City of Bellingham.**

Questions? Please contact the program specialist at: rentals@cob.org or (360) 778-8361

OFFICE USE ONLY: Total fee: _____ License #: _____ Date & time submitted: _____