



# CITY OF CLARKSBURG

222 WEST MAIN STREET • CLARKSBURG, WV 26301 • PH. (304) 624-1633 • FAX (304) 624-6135

OFFICE OF  
CODE ENFORCEMENT

**Rental Property Registration Form  
Pursuant To Article 1767  
(City of Clarksburg Codified Ordinance)  
Form must be completely filled out and signed.**

Owner of Record: \_\_\_\_\_

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

Owner phone #: \_\_\_\_\_ City Business License #: \_\_\_\_\_

Property Manager: \_\_\_\_\_ Manager phone #: \_\_\_\_\_

Property Manager Address: \_\_\_\_\_ City Business License #: \_\_\_\_\_

**List all rental properties below:**

1. Property Address: \_\_\_\_\_ Currently Occupied Yes  No

Type Building: Single Family  Multi family  Commercial  Mixed  Total number of units \_\_\_\_\_

Zone District: \_\_\_\_\_ Map/ Parcel \_\_\_\_\_ / \_\_\_\_\_ Date of last certificate of occupancy: \_\_\_\_\_

2. Property Address: \_\_\_\_\_ Currently Occupied Yes  No

Type Building: Single Family  Multi family  Commercial  Mixed  Total number of units \_\_\_\_\_

Zone District: \_\_\_\_\_ Map/ Parcel \_\_\_\_\_ / \_\_\_\_\_ Date of last certificate of occupancy: \_\_\_\_\_

3. Property Address: \_\_\_\_\_ Currently Occupied Yes  No

Type Building: Single Family  Multi family  Commercial  Mixed  Total number of units \_\_\_\_\_

Zone District: \_\_\_\_\_ Map/ Parcel \_\_\_\_\_ / \_\_\_\_\_ Date of last certificate of occupancy: \_\_\_\_\_

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

Attach additional sheets if needed.

**Additional Properties**

Property Address: _____	Currently Occupied    Yes <input type="checkbox"/> No <input type="checkbox"/>
Type Building:    Single Family <input type="checkbox"/> Multi family <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed <input type="checkbox"/>	Total number of units: _____
Zone District:    _____ Map/ Parcel _____ / _____	Date of last certificate of occupancy: _____
Property Address: _____	Currently Occupied    Yes <input type="checkbox"/> No <input type="checkbox"/>
Type Building:    Single Family <input type="checkbox"/> Multi family <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed <input type="checkbox"/>	Total number of units: _____
Zone District:    _____ Map/ Parcel _____ / _____	Date of last certificate of occupancy: _____
Property Address: _____	Currently Occupied    Yes <input type="checkbox"/> No <input type="checkbox"/>
Type Building:    Single Family <input type="checkbox"/> Multi family <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed <input type="checkbox"/>	Total number of units: _____
Zone District:    _____ Map/ Parcel _____ / _____	Date of last certificate of occupancy: _____
Property Address: _____	Currently Occupied    Yes <input type="checkbox"/> No <input type="checkbox"/>
Type Building:    Single Family <input type="checkbox"/> Multi family <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed <input type="checkbox"/>	Total number of units: _____
Zone District:    _____ Map/ Parcel _____ / _____	Date of last certificate of occupancy: _____
Property Address: _____	Currently Occupied    Yes <input type="checkbox"/> No <input type="checkbox"/>
Type Building:    Single Family <input type="checkbox"/> Multi family <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed <input type="checkbox"/>	Total number of units: _____
Zone District:    _____ Map/ Parcel _____ / _____	Date of last certificate of occupancy: _____
Property Address: _____	Currently Occupied    Yes <input type="checkbox"/> No <input type="checkbox"/>
Type Building:    Single Family <input type="checkbox"/> Multi family <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed <input type="checkbox"/>	Total number of units: _____
Zone District:    _____ Map/ Parcel _____ / _____	Date of last certificate of occupancy: _____