



**CITY OF MIAMI GARDENS
CODE COMPLIANCE DIVISION**

**Application for
Landlord Permit**

Note: Application & Tax Fees are Non-Refundable

Date _____ / _____ / _____

Folio # _____

Owner's Name _____

Landlord's Name (if different) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Email _____

Number of Units _____

Number of Tenants _____

PROPERTY INFORMATION

Name of Tenant _____

Property Address _____

City **Miami Gardens** State **Florida** Zip Code _____

Phone _____ Mobile _____

“The undersigned has carefully reviewed this application all facts, figures, statements contained in this application are true, correct, and complete to the best of my knowledge and belief. The applicant also acknowledges and understands that the issuance of a Landlord Permit is contingent upon a compliance inspection. Failure to comply with the City’s Ordinances may result in revocation of said Landlord Permit.”

PRINT NAME

SIGNATURE

OFFICE USE ONLY

Processor's Signature _____

Print _____

APPROVED

DENIED