

HARRISONVILLE RENTAL READY CHECKLIST

_____ Signed Rental Ready Application (3 signatures required)

_____ Copy of Owner's Driver's License

_____ Local Contact's Driver's License

_____ Copy of Property Inspection (After Approved Inspection) or

_____ Scheduled date of inspection

_____ Copy of Current Year Real Estate Taxes Paid Receipt

Harrisonville Building Department 816-380-8958

Cass County Real Estate Taxes 816-380-8190

Fees Due:

\$50 Business License Fee

\$14 (Per Unit) Registration Fee

HARRISONVILLE RENTAL READY APPLICATION

PLEASE SEE CHECKLIST FOR REQUIRED ACCOMPANYING DOCUMENTS

FEES Submitted with Application

Date: _____

PROPERTY OWNERSHIP INFORMATION:

Property Owner/Corporation of Record (Name as stated on Cass County Property Taxes):

Ownership Type: Individual _____ Partnership _____ Corporation _____ LLC _____

List Names of Owners, Partners or Officers of Company provide on attached page

Federal ID# or SSN #: _____

Property Owner's Physical Address of Business (No P.O. Boxes Allowed)

City _____ State _____ Zip _____

Property Owner's Business Phone Number: _____

Property Owner's Contact Name: _____ Title: _____

Cell phone Number: _____ Email: _____

Driver's License Number: _____ State Issued: _____

Rental Property Physical Address: Please list all Harrisonville Rental Property Addresses on attached page

PROPERTY MANAGEMENT/LOCAL CONTACT INFORMATION:

Property Mgt. Company/Local Contact:

(If Property Owner and Property Mgt. the same, State "SAME"):

Federal ID# or SSN #: _____

Property Mgt./Local Contact Physical Address (No P.O. Boxes Allowed): _____

City: _____ State: _____ Zip: _____

Property Mgt./Local Contact Phone Number: _____

Local Contact: (Must be completed)

First Name: _____

Last Name: _____

Title: _____ Email: _____

Local Contact DL# : _____ State Issued: _____

Date of Birth: _____ Cellphone Number: _____

I consent to the following selected inspection and all it requires: (At least 1 must be checked)

Signature _____ Date: _____

Date of Inspection (if applicable) _____

City of Harrisonville Exterior Inspection – *No Appointment Required* _____

Exterior Inspection with Owner/Rep Present – *Appointment Required* _____

City of Harrisonville Interior Inspection – *Appointment Required* _____

Smoke Detector/Carbon Monoxide Detector Inspection – *Appointment Required* _____



**List Names of Owners, Partners or Officers of Company owning
Harrisonville Property**

Name	Position	Street Address City, State, Zip

**I DECLARE UNDER PENALTY OF LAW THAT TO THE BEST OF MY KNOWLEDGE THAT THE
STATEMENTS MADE HEREON ARE CORRECT AND TRUE.**

Property Owner/Primary Contact Signature: _____

Title: _____ **Date:** _____

Properties listed comply will all smoke detector/carbon monoxide detector codes and will be serviced as needed.

Signature _____ **Date:** _____

FOR OFFICE USE ONLY	
Business License Number:	Renewal Date: