



**HARRISON FIRE DEPARTMENT**  
120 South Spring Street, Harrison, AR 72601  
(870)741-6384 Fax (870)-741-4389



**RESIDENTIAL RENTAL APPLICATION**

*This document is fillable in Pdf format. Download the document and then click the "Fill & Sign" button on the right hand side of the page to fill in the appropriate information, and save the file to print.*

**Please complete ALL appropriate items on this application.**

Please Check One ☐ New Application ☐ Application Renewal ☐ Change of Address ☐ Change of Rental Name

**Rental Name:** \_\_\_\_\_

**Corporate Name:** \_\_\_\_\_  
(If applicable)

**Residential Rental Location:** \_\_\_\_\_

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
City State Zip

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

**Business Phone No.** \_\_\_\_\_ **Fax No.** \_\_\_\_\_

**Description of Rental:** \_\_\_\_\_

**Ownership:** ☐ Corporation ☐ Corp-Ltd Liability ☐ Partnership ☐ Sole Proprietor ☐ Trust

**Property Owner**

**Property Owner Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

\_\_\_\_\_  
City State Zip

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

**Enter below names of each Property Owner Name(s) (attach additional sheet if necessary)**

**1<sup>st</sup> Owner Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**Phone No.** \_\_\_\_\_ **Email:** \_\_\_\_\_

**2<sup>nd</sup> Owner Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**Phone No.** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Authorization**



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I declare under penalties of perjury that this application is true and correct to the best of my knowledge. I certify that I will operate my residential rental property in accordance with all applicable Federal, State and City laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of this business license. By signing this application you will allow code officials employed by the City of Harrison to preform inspection(s) of all rental properties applicable to ordinance 1472.

Name of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

IF YOU WISH TO EMAIL IN YOUR RESIDENTIAL RENTAL PERMIT APPLICATION, PLEASE MAIL IT TO:

[FIRESEC@CITYOFHARRISON.COM](mailto:FIRESEC@CITYOFHARRISON.COM)

Before any Residential Rental Property shall be issued a Residential Rental Permit or Occupy a Residential Rental Property within the City of Harrison, an inspection of each residence shall be conducted according to the Harrison Fire Prevention Code, 2012 Arkansas Fire Prevention code and the Harrison Property Maintenance Code.

Preferred date/time of inspection? \_\_\_\_\_

On-Site Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

You may also schedule an appointment at: [https://www.cityofharrison.com/index.php?pageID=425199\\_3](https://www.cityofharrison.com/index.php?pageID=425199_3)

Official Use Only

Fire Department Official: \_\_\_\_\_ Date: \_\_\_\_\_

Occupancy Updated in the RMS?: ☐ Yes Permit Issued to Occupancy: ☐ Yes Permit #: \_\_\_\_\_