

SURRENDER TOURIST ROOMING HOUSE PERMIT

ZTRHP1-J

City of Madison
Building Inspection Division: Zoning Dept.
Madison Municipal Building, Suite 017
215 Martin Luther King, Jr. Blvd.
P.O. Box 2984
Madison, WI 53701-2984
phone: (608) 266-4551
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FOR OFFICE USE ONLY:

ZTRHP1- _____ - _____

Received Date _____

ZTRHP1-J form approval by _____ Date _____

PERMIT SURRENDER

1. LOCATION: of Tourist Rooming House

Address: _____ Unit #: _____

2. OPERATOR: of Tourist Rooming House

Operator name _____

Company name (if applicable) _____ DBA name (if applicable) _____

3. PERMIT SURRENDER

☐ I acknowledge that I have removed all online listings for this Tourist Rooming House
on this property effective _____

☐ I surrender this Tourist Rooming House permit and will no longer operate this
Tourist Rooming House on this property effective _____

Printed Name: _____ Signature: _____ Date: _____