

CONDOMINIUM ASSOCIATION PERMISSION

ZTRHP1-C

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
web: cityofmadison.com/trh
email: zoningTRH@cityofmadison.com



FOR OFFICE USE ONLY:

ZTRHP1- _____ - _____

Received Date _____

ZTRHP1-C form approval by _____ Date _____

CONDOMINIUM ASSOCIATION: Permission for Tourist Rooming House

1. LOCATION: of Tourist Rooming House

Address: _____ Unit #: _____

Condominium Name _____

2. OPERATOR: of Tourist Rooming House

Operator name _____

3. SIGNATURES

CHOOSE ONE:

- ☐ Letter of Permission from Condominium Association is attached, stating permission to operate a TRH at this dwelling unit and signed by an authorized representative of the Condominium Association.
- ☐ A Tourist Rooming House operation in this dwelling unit is allowed by the Condominium Association and verified by signatures below from authorized representative of the Condominium Association and the operator.

Operator Signature: _____ Date: _____

Condo Representative Printed Name: _____

Signature: _____ Date: _____

AUTHORIZED TO SIGN ON BEHALF OF CONDOMINIUM ASSOCIATION