



**SINGLE-FAMILY RENTAL DWELLING
REGISTRATION AND MAINTENANCE
INSPECTION APPLICATION**

APPLICATION MUST BE FILLED OUT COMPLETELY

| | | | |
|---|-------|--------------------------|------------------|
| I. PROPERTY INFORMATION | | REGISTRATION FEE: | \$ 140.00 |
| ADDRESS | | | |
| SIDWELL | | | |
| II. OWNER INFORMATION | | | |
| OWNER | EMAIL | FAX NO. | |
| NAME | | TELEPHONE NO. | |
| ADDRESS | CITY | STATE | ZIP |
| DRIVERS LICENSE NUMBER OR STATE ID NUMBER | | | |

Note: List additional owner's information on separate sheet and attach.

| | | | |
|--|---------------|---------------|-----|
| III. OWNER AGENT/PROPERTY MANAGER INFORMATION | | | |
| OWNER AGENT/MANAGER | EMAIL ADDRESS | FAX NO. | |
| NAME | | TELEPHONE NO. | |
| ADDRESS | CITY | STATE | ZIP |
| DRIVERS LICENSE NUMBER OR STATE ID NUMBER | | | |

A registration fee must accompany this application. Upon inspection and approval by the Department of Planning and Community Development, a certificate will be issued. It is a violation of the Ordinance not to notify this Department of a change in ownership.

**IV. SIGNATURE OF OWNER AND OWNER AGENT/PROPERTY MANAGER
REQUIRED BELOW.**

I, the undersigned, agree to register and pay for the City's safety and maintenance inspection of the above-referenced property and to obtain inspections as provided by law to ensure the dwelling is maintained in accordance with the City Code requirements applicable to single-family rental dwellings.

I, hereby acknowledge that **no certificate** will be issued by the City until all code requirements are met.

Date

Signature of Owner

Date

Signature of Owner Agent/ Property Manager

I wish to receive inspection reports and other correspondence via email

Email address: _____

Please make check payable to:

The City of Farmington Hills

Mail completed application and check to:

The City of Farmington Hills
Department of Planning and Community Development
31555 Eleven Mile Rd., Farmington Hills, MI 48336