CITY OF ROCKWOOD BUILDING DEPARTMENT

APPLICATION FOR RENTAL CERTIFICATE



City of Rockwood \cdot 32409 Fort Rd \cdot Rockwood \cdot Michigan \cdot 48173 \cdot Ph: 734-379-9496



PROPERTY STATUS: Vacant	Tenant Occupied			
OWNERS OF PROPERTY:				
NAME:	ADDRESS:			
Telephone:	Work Phone:	Email:		
RESPONSIBLE PARTY: Check if own	er is same as responsible par	ty		
NAME:	ADDRESS:			
elephone:				
* List additional owner's or officer's ** Responsible party must be a Mic correspondence is sent to the resp	information on separate sheet a nigan resident and live within o	and attach along with cop	y of driver's license.	
SINGLE FAMILY HOME(s) \$450.00 OWNER REGISTRATION (PER UNIT) \$25		25		
DUPLEX (2 UNITS) \$750	MULTI UNIT (3-	MULTI UNIT (3-12) \$750 + \$150 PER UNIT PAST 2		
A COPY OF THE MANAGEMENT AGREEM APPLICATION AS WELL AS A COPY OF THE The correct registration fee must be partment, a certificate will be issue or contact information. The Owner(s) is notified. Change in ownership of the owner is a corporation, the name address for the owner/agent. An actual Compliance.	E PHOTO ID OF BOTH THE RESPOINT At accompany this application B. It is a violation of the Ordina B. Arriver and Responsible Party remain of B. Brand addresses of its officers of	on. Upon inspection and ance not to notify this Deliable under this agreement violations that occurrehall be provided. A post of	TY OWNER. and approval by the Building partment of a change in ownership nt until such change in ownership ed during ownership of this property. ffice box shall not be used as a legal	
BY SIGNING THIS APPLICATION, I CERTIF ALL INFORMATION IS TRUE TO THE BES ACCRUE TO THIS PROPERTY AS WEL PURSUANT TO ANY ORDER FROM OF THIS AGREEMENT ARE IN THE MICHIGAN LAW. Must be signed by Legal Owner or Responsible	TOF MY KNOWLEDGE. I PERSOL AS GUARANTEE TO PAY THE THE CITY TO DEMOLISH OEXCLUSIVE JURISDICTION OF THE	NALLY GUARANTEE TO PA E COST OF DEMOLITION IR MAKE SAFE. I AGREE	AY ALL FEES OR FINES THAT MAY IN CASE OF CONDEMNATION OR THAT ALL DISPUTES ARISING OUT THIS AGREEMENT IS GOVERNED BY	
(Print Personal Name: no LLC, Corporation, or C	Nah ou Local Fatite A		DATE:	
(Frint Personal Name: no LLC, Corporation, or C		(Signature)		
DRIVER'S LICENSE: STATE	NUMBER		DATE OF BIRTH:	
	FOR OFFICE	USE ONLY		
Amount Paid: Date	Paid: Rece	ived By:	Certificate #	