

APPLICATION # _____
(NOTE: LICENSE FEE IS NOT REFUNDABLE)

**CITY OF LIVONIA
INSPECTION DEPARTMENT
33000 CIVIC CENTER DRIVE
LIVONIA, MI 48154-3097
734-466-2580**

INITIAL RENTAL LICENSE APPLICATION

BUILDING ADDRESS: _____

TYPE OF DWELLING (ONE-FAMILY, TWO-FAMILY, MULTIPLE FAMILY): _____

NO. OF BUILDINGS (FOR MULTIPLE FAMILY ONLY) _____

A. APPLICANT: *

NAME: _____ DRIVER'S LICENSE # _____

ADDRESS: _____ DATE OF BIRTH: _____

CITY, STATE: _____ ZIP CODE: _____

APPLICANT'S INTEREST IN PROPERTY: _____

TELEPHONE NO. _____

EMAIL ADDRESS: _____ (PRINT CLEARLY)

***IF NOT OWNER OF RECORD, COMPLETE AFFADAVIT AFTER SECTION F.**

B. OWNER OF RECORD:

NAME: _____ DRIVER'S LICENSE # _____

ADDRESS: _____ DATE OF BIRTH: _____

CITY, STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

TYPE OF INTEREST (FEE SIMPLE/LAND CONTRACT): _____

EMAIL ADDRESS: _____ (PRINT CLEARLY)

IF LAND CONTRACT:

FEE SIMPLE OWNER: _____

ADDRESS: _____

CITY, STATE: _____ ZIP CODE: _____

TELEPHONE NO. _____

C. IF APPLICANT IS A PARTNERSHIP, NAMES AND ADDRESSES OF ALL PARTNERS: *

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE, ZIP: _____ CITY, STATE, ZIP: _____

TELEPHONE NO. _____ TELEPHONE NO. _____

DRIVER'S LICENSE # _____ DRIVER'S LICENSE # _____

D. IF APPLICANT IS A CORPORATION, NAMES AND ADDRESSES OF ALL OFFICERS, INCLUDING DRIVER'S LICENSE OF APPLICANT AND STATE OF ORIGIN: *

PRESIDENT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO. _____

DRIVER'S LICENSE # _____

SECRETARY: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO. _____

DRIVER'S LICENSE # _____

VICE PRESIDENT: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO. _____

DRIVER'S LICENSE # _____

TREASURER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO. _____

DRIVER'S LICENSE # _____

BUILDING ADDRESS: _____

E. A LIST OF ROOMS, SUITES OR BEDS, AND SANITARY FACILITIES

OF BEDROOMS: _____ # OF BATHROOMS: _____
APPROXIMATE SQUARE FOOTAGE: _____ # OF OCCUPANTS _____

F. OTHER INFORMATION: _____

AFFADAVIT SECTION – Non-owner applicants please complete prior to submission (including the Notary Public Section).

I, _____, hereby authorize _____ to act on
(Print Owner's Name) (Print Applicant's Name)
My behalf and make this application for a rental license.

(Owner's Signature) Dated: _____

On this date, _____, before me appeared _____, and
did hereby affix his/her signature thereto. (Print Name)

(Notary Signature) Notary Public for _____ County
My Commission Expires: _____

(Print Notary's Name) Telephone No. _____

RENTAL LICENSE FEES

FOR APARTMENT BUILDINGS:

OF BUILDINGS _____ @ \$55.00 EACH = _____

OF UNITS PER BUILDING MINUS 2 = _____ X \$10/EA = _____

TOTAL LICENSE FEE = _____

RESIDENTIAL:

ONE FAMILY = \$45.00
TWO FAMILY = \$55.00

PLEASE NOTE: INSPECTION FEES ARE IN ADDITION TO LICENSE FEES. PLEASE SUBMIT FORMS AND A CHECK, MADE PAYABLE TO THE CITY OF LIVONIA, TO THE INSPECTION DEPARTMENT. AT THAT TIME THE INSPECTION DEPARTMENT WILL SCHEDULE AN APPOINTMENT FOR THE INSPECTION. WE ARE LOCATED IN THE ANNEX BUILDING ATTACHED TO THE NORTH END OF THE MAIN MULTI STORY CITY HALL BUILDING AT 33000 CIVIC CENTER DRIVE (FIVE MILE AND FARMINGTON ROADS). PHONE NUMBER (734) 466-2580.

City of Livonia-Inspection
33000 Civic Center Drive
Livonia, MI 48154-3097

(734) 466 2580

Cert # _____

Recpt# _____

APPLICATION REQUEST FOR ANNUAL/RENEWAL RENTAL INSPECTION

LOCATION _____

FORM TO BE FILLED OUT COMPLETELY

RENTAL:

Single Family CRSF [] \$105.00 (\$45.00 Lic. & \$60.00 Insp.)

Two Family CRTF [] \$145.00 (\$55.00 Lic. & \$90.00 Insp.)

MultiFamily CRMF []

of buildings at \$55/each: _____

of units in building _____ minus 2 = _____ @ \$10/ea = _____.

TOTAL FEE AMOUNT: = \$_____ (Includes Lic. & Insp.)

APPLICANT:

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email address: _____ (PRINT CLEARLY)

OWNER OF PROPERTY:

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Email address: _____ (PRINT CLEARLY)

TENANT OF BUILDING/DWELLING: (Required for Rental Inspections)

Name _____ Phone _____

INSPECTION DATE: _____ (Inspection Dept sets time after payment is rec'd.)