

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

(734) 466 2580

Cert # _____
Recpt# _____
Ck Attchd? ____yes

APPLICATION REQUEST FOR ANNUAL RENTAL INSPECTION

LOCATION _____

FORM TO BE FILLED OUT COMPLETELY
THE INSPECTION FEE IS NOT REFUNDABLE

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 _____
of units in building _____

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

INSPECTION REQUESTED BY:

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.)

[NOTE:] Rental License for Rental Properties to be issued **AFTER** Inspection Department Approval.

Date issued: _____ By _____

Request received by: _____ Date: _____

Revised: 11/24/2015

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 & NOTORIZE AFFIDAVIT SECTION (BOX)**

i.e. – Management Company/Agent.

B. OWNER(S) OF RECORD: **

NAME: _____ DRIVER'S LICENSE # _____

NAME: _____ DRIVER'S LICENSE # _____

ADDRESS: _____ DOB: _____ DOB: _____

CITY, STATE: _____ ZIP CODE: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____ (PRINT CLEARLY)

**** PER MICHIGAN LAW, A RENTAL LICENSE CANNOT BE ISSUED WITHOUT PROPER IDENTIFICATION.**

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

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

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

TELEPHONE NO. _____ TELEPHONE NO. _____

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

DOB: _____ DOB: _____

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

RESIDENT AGENT _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO. _____

DRIVER'S LICENSE # _____

DOB _____

VICE PRESIDENT _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NO. _____

DRIVER'S LICENSE # _____

DOB: _____

PRESIDENT: _____

ADDRESS: _____

CITY, STATE, and ZIP: _____

TELEPHONE NO. _____

DRIVER'S LICENSE # _____

DOB _____

TREASURER: _____

ADDRESS: _____

CITY, STATE, and ZIP: _____

TELEPHONE NO. _____

DRIVER'S LICENSE # _____

DOB: _____

APPROXIMATE SQUARE FOOTAGE: _____ # BEDROOMS _____ # BATHS _____

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

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

(Owner's Signature) Dated: _____

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

(Notary Signature / Inspection Staff) Notary Public for _____ County
My Commission Expires: _____
Telephone No. _____

(Print Notary's Name)

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.

I have read and understand this Notice to Owner of Rental Properties.
I acknowledge that the inspection fee paid includes an initial and a final inspection and that if the inspector is locked out of the unit a \$45.00 missed appointment fee will be due before any further inspections are conducted. There may be a \$45.00 re-inspection fee charged if all repairs are not corrected on the final inspection.
Rental Registration and inspection are required **yearly**.
Rental properties with open violations **cannot transfer title** until all open violations are inspected and approved by the City of Livonia, Inspection Department.

Signature: _____ Date: _____
I am the ___ Owner ___ Agent