

INSPECTION DEPARTMENT

BUILDING
HEATING
PLUMBING
ELECTRICAL
ZONING
SANITATION
ENVIRONMENTAL PROTECTION
ORDINANCE ENFORCEMENT



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RENTAL INSPECTION GUIDELINES

Single Family, Two Family and Multi-Family Rental Properties

The City of Livonia has recently ordained that rental dwellings shall be licensed and inspected. The code will be the Property Maintenance Code of the City of Livonia, which at this time is the BOCA National Property Maintenance Code (Fifth Edition), 1996 Edition with City Amendments.

The major thrust of this code is to protect the health, safety and welfare of the occupants. A secondary concern is to prevent blight within the City, prevent overcrowding, maintain property values and continue to make Livonia a great place to live and work.

The owners (landlords) of rental property are required to obtain a rental license and also to obtain the required Certificate of Compliance. The owners are responsible to complete (and pay for) all required repair/maintenance in a timely manner.

A rental property may not be occupied without a license and a Certificate of Compliance.

City Ordinance requires that the licenses be renewed annually or at title transfer. City Ordinance requires inspections, also, annually, at change of tenants, or at change of ownership, whichever occurs first.

The Inspection Department will respond to all questions concerning rental housing including permits, rental licenses, fees, inspections and Compliance Certificate. If you know of an unlicensed rental property or have questions, please call the **Inspection Department at (734) 466-2580**.

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Rental Inspection Guidelines

<u>Costs are as follows:</u>	Licenses	Inspections
One family	\$45.00	\$60.00
Two family	\$55.00	\$90.00
Multi family	\$55.00 per bldg. plus \$10.00 per unit over 2	\$75.00 per bldg. plus \$6.00 each unit

Make checks made payable to the City of Livonia. ALL FEES ARE NON-REFUNDABLE AND PAYABLE AT THE TIME OF APPLICATION.

Re-inspection Fees: \$45.00 per occurrence (ie: appointment missed or work not ready)

The aforementioned requirements are mandated by the following City of Livonia Ordinance and Sections: 5.03.030, 5.03.170(39), 5.42.020, 5.42.110, 15.32.060(PM 105.8.2) and 15.56.030(A). Copies of these Ordinances may be obtained from the City Clerk's Office.

The **PROPERTY OWNER** is responsible for both the license and the inspection. Violation(s) of the Ordinances may result in penalties.

The Housing Law of the State of Michigan, Article VII, Section 126, effective January 2, 1998, provides certain directions to inspectors, owners and tenants.

If the lease provides the owner a Right of Entry, the owner shall provide the inspector access. The owner shall notify the tenant, and schedule the inspection with the tenant.

If the lease does not provide a Right of Entry, the owners shall notify the tenant and the owner shall make a good faith effort to obtain the tenant's permission for the inspection and schedule the same.

If the owner and/or tenant refuse permission to enter, the inspector may obtain a **warrant** to enter. With a warrant or an emergency condition the inspector **may enter at any time**. The tenant may also make a complaint and request an inspection.

Revised 9/99, 1/01, 2/01, 3/02, 5/03, 1/04

APPLICATION # _____
(NOTE: LICENSE FEE IS NON-REFUNDABLE)

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

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, THEREIN INDICATING THE SIZE OF SUCH ROOMS, NUMBER OF BEDS IN EACH ROOM, SANITARY FACILITIES AND MAXIMUM NO. OF PERSONS TO WHOM IT IS DESIRED TO RENT SAID PREMISES WHEN AT FULL OCCUPANCY:

UNIT NO. _____ BEDROOM #1 SIZE: _____ BEDS: _____
BEDROOM #2 SIZE: _____ BEDS: _____ BEDROOM #3 SIZE: _____ BEDS: _____
LIVING RM SIZE: _____ DINING RM SIZE: _____ KITCHEN SIZE: _____
TOTAL NO. FULL BATHROOMS (W/SHOWER OR TUB): _____
TOTAL NO. HALF-BATHS: _____ TOTAL NO. OCCUPANTS: _____

UNIT NO. _____ BEDROOM #1 SIZE: _____ BEDS: _____
BEDROOM #2 SIZE: _____ BEDS: _____ BEDROOM #3 SIZE: _____ BEDS: _____
LIVING RM SIZE: _____ DINING RM SIZE: _____ KITCHEN SIZE: _____
TOTAL NO. FULL BATHROOMS (W/SHOWER OR TUB): _____
TOTAL NO. HALF-BATHS: _____ TOTAL NO. OCCUPANTS: _____

FOR ADDITIONAL UNITS, ATTACHED A SEPARATE SHEET WITH ABOVE INFORMATION.

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
_____ (Print Notary's Name)	My Commission Expires: _____ Telephone No. _____

RENTAL LICENSE FEES

FOR APARTMENT BUILDINGS:

OF BUILDINGS _____ @ \$55.00 EACH = _____

OF EXTRA UNITS ABOVE 2 PER BUILDING _____ @ \$10.00 EACH = _____

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.

Revised: 5/03, 1/04, 6/09

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

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: _____