Residential Rental Registration Application

CHARTER TOWNSHIP OF CANTON
DEPARTMENT OF MUNICIPAL SERVICES
BUILDING & INSPECTION SERVICES
1150 S. Canton Center Road, Canton, MI 48188 • 734/394-5200

BUILDING ADDRESS: _____

NOTE: Each building requires a separate application and application fee.

Property Owner Name: _____ Phone: _____

Address: _____

Designated Property Manager: _____ Phone: _____

Contact Name: _____ Phone: _____

Address: _____

Authorized Person to Make Repairs: _____

Address: _____ Phone: _____

If different than owner or property manager

NUMBER OF UNITS	TYPE OF UNIT	MAX. # OF OCCUPANTS/UNIT
	←TOTAL NUMBER OF UNITS ---- YEAR BUILT_____	

Type of Units: ☐ 1 Bedroom Apt. ☐ 2 Bedroom Apt. ☐ 3 Bedroom Apt.
☐ Duplex ☐ Single Family Home Or Condo ☐ Towne Home/Row Housing

Name of Authorized Person: _____ Date: _____

Signature: _____

ONE TIME REGISTRATION FEE _____PER BUILDING	PAID		DATE	

STAFF SIGNATURE: _____

CANTON Community