

27600 Jefferson  
St Clair Shores, MI 48081

City of St. Clair Shores

586 447 3340  
586 445 4098 (fax)

## Landlord Registration & Application for a Certificate of Occupancy as a Rental Structure

Date: \_\_\_\_\_

Rental Address: \_\_\_\_\_ Number of Units: \_\_\_\_\_

### OWNER INFORMATION-ALL INFORMATION IS MANDATORY

Name: \_\_\_\_\_ Are you an LLC: **YES** **NO** (circle one)

If LLC, what is the Officer's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

### AGENT/MANAGER INFORMATION (if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### TENANT INFORMATION (if available)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

x \_\_\_\_\_  
Signature of: **Owner** **Agent**

x \_\_\_\_\_  
**Printed Name**

x \_\_\_\_\_  
**Date**

#### MAKE CHECKS PAYABLE TO: City of St. Clair Shores

- Single Family - **\$150**/1st 3000 sq ft (ea add'l 1000 sq ft + \$10)
- Multiple Family - **\$150**/1st unit (ea add'l unit in same building + \$50)
- Fee includes original Inspection & one reinspection for compliance.
- Re-scheduled Inspection \$30 (No one at site a Pre-Arranged Time \$30)
- Re-Inspection for Non Compliance at 50% of original fee

IF THE PROPERTY HAS BEEN SOLD, YOU MUST SUPPLY THIS DEPARTMENT WITH A COPY OF THE RECORDED LAND CONTRACT OR DEED TO HAVE YOUR NAME REMOVED FROM OUR RECORDS.

#### **OFFICE USE ONLY**

- New
- Re-reg
- Assessing
- Scheduled

Date: \_\_\_\_\_