



APARTMENT LICENSE APPLICATION

CITY OF WARREN

ONE CITY SQUARE, WARREN, MICHIGAN 48093
ATTN: RENTAL DIVISION (586) 574-4633 / FAX: (586) 574-4540

(AN APPLICATION IS REQUIRED FOR EACH APARTMENT RENTAL DWELLING)

Name of Complex: (Print or Type)

Permanent Parcel No.:

Property Address: (Print or Type)

Office Phone:

Owner: Name (Print or Type) Last First Middle

Cell Phone:

Owner's Address: Street (Print or Type)

Email:

City, State, Zip (Print or Type)

Driver's License Number:

Apartment Manager: Name (Print or Type)

Work Phone:

Address: Street (Print or Type)

Cell Phone:

City, State, Zip (Print or Type)

DWELLING TYPE: APARTMENT COMPLEXES

Total Number of Buildings: @ \$125 per building complex = \$ (Total Application Fee)

Total Number of Units: @ \$100 per unit inspected. (20% of units must be inspected.)

- Inspections at Apartment Complexes will require the inspection of 20% of the total number of units. Unit inspections will be selected by the Apartment Inspector at random.
All application and inspection fees must be paid at the time application is filed.
Display of License: No rental unit may be occupied unless a copy of the current rental unit license for the rental unit is displayed in an eight and one-half by eleven inch frame securely affixed to the interior wall adjacent to the primary entrance of each building.
Copies of the International Property Maintenance Code are available at www.cityofwarren.org.

I HEREBY APPLY FOR A BIENNIAL RENTAL LICENSE UNDER ORDINANCE No. 28-10 - 28-32 AS AMENDED, AND HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ANSWERS ARE CORRECT AND TRUE AND THAT I AM THE LEGAL OWNER OR RESPONSIBLE LOCAL AGENT OF THE PREMISES AT THE ABOVE LOCATION. THE UNDERSIGNED AGREES TO RELEASE THE CITY OF WARREN, ITS AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL LIABILITY RESULTING FROM THE REQUIRED INSPECTIONS AND OBSERVATIONS HEREUNDER.

X Owner/Apartment Manager Signature

Date:

FOR OFFICE USE ONLY

PAYMENT:

Receipt No. Date Amount