



### Rental Unit Inspection Form

All owners of residential rental dwelling units located within the City of Wixom are required to submit a completed Inspection form and an **\$85.00** fee payable to the City of Wixom (check or cash). Complete all applicable information and return to City of Wixom Building Department, 49045 Pontiac Trail, Wixom, MI 48393. Please **type or print** clearly in ink. Questions may be addressed to the Building Department at 248-624-0880.

**Owner(s):**

Name(s): \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Responsible Local Agent (if applicable):**

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

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

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

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Responsible Agent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Address of Property to be certified:**

Property Address: \_\_\_\_\_ Property ID #: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_ Lot #: \_\_\_\_\_

Apartment Complex Name: \_\_\_\_\_ Building #: \_\_\_\_\_ Unit #: \_\_\_\_\_

**I hereby attest that the above stated information is true to the best of my knowledge. I understand that failure to register any residential rental dwelling units within the City of Wixom or the submission of false information on this form may result in a municipal civil infraction in accordance with the provisions of City Ordinance.**

**The signing of this application is authorization for the City, its independent contractors and employees, to seek information, conduct the required investigations and inspections.**

\_\_\_\_\_  
**Owner's Signature**

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

\_\_\_\_\_  
**Local Agent Signature**

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



## Rental Unit Business License Application

In accordance with Chapter 5.25 of the City of Wixom Municipal Code all owners of rental units located within the City of Wixom are required to submit a completed application form and a **\$75.00** fee for the business license which shall be made payable to the City of Wixom (check or cash). Complete all applicable information and return to City of Wixom Building Department, 49045 Pontiac Trail, Wixom, MI 48393. Please **type or print** clearly in ink. Questions may be addressed to the Construction & Development Services at 248-624-0880.

### Rental Unit Owner Information:

Rental Location Address: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Applicant Information:

**Individual/Corporation/Partnership/L.L.C Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Management Agent/Manager Name:** \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Local Agent Name:** \_\_\_\_\_  
Current Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_



**Additional Information:** Applicant must provide all information as specified in the Residential Rental Unit Business License Checklist.

**I hereby attest that the above stated information is true to the best of my knowledge. I understand that failure to register any residential rental dwelling unit(s) within the City of Wixom or the submission of false information on this form may result in a municipal civil infraction in accordance with the provisions of City Ordinance.**

**The signing of this application is authorization for the City, its independent contractors and employees, to seek information, conduct the required investigations and inspections.**

\_\_\_\_\_  
**Owner's Signature**

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

\_\_\_\_\_  
**Manager's or Local Agent's Signature**

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



### EMPLOYMENT INFORMATION

Please list business, occupation, or employment of the applicant for the three (3) years immediately preceding the date of application. Start with present or most recent employer. (List additional employers below or on a separate sheet, if necessary.)

PLEASE PRINT ALL INFORMATION

1.	Company Name:	Telephone: (    )
	City/State	Employed (List Month and Year) From:                      To:

2.	Company Name:	Telephone: (    )
	City/State	Employed (List Month and Year) From:                      To:

3.	Company Name:	Telephone: (    )
	City/State	Employed (List Month and Year) From:                      To:

4.	Company Name:	Telephone: (    )
	City/State	Employed (List Month and Year) From:                      To:



## RENTAL BUSINESS HISTORY

Has the applicant(s) has previously operated a Rental Unit Business in this or another municipality or state:  
 YES                      NO

If yes, please give an accurate, complete, history of Rental Unit Business or similar business. (List additional employers on a separate sheet, if necessary.)

PLEASE PRINT ALL INFORMATION

1.	Address:	
	City/State:	(List Month and Year) From:                      To:

2.	Address:	
	City/State:	(List Month and Year) From:                      To:

3.	Address:	
	City/State:	(List Month and Year) From:                      To:

4.	Address:	
	City/State:	(List Month and Year) From:                      To:

Has the applicant(s) had a Business License of any kind revoked or suspended?	YES	NO
If YES, please explain circumstances		
<hr style="border: none; border-top: 1px solid black;"/> <hr style="border: none; border-top: 1px solid black;"/> <hr style="border: none; border-top: 1px solid black;"/>		



### Property Information & Capacity

Please list the rooms, units, suites, or beds contained in the Rental Unit Business, specifying the dimensions of each room, the number of sanitary facilities, and the maximum number of individuals that would result in full capacity of the Rental Unit Business

# of Bedrooms: _____	Garage Information: _____
# of Full Bath(s): _____	Basement Information: _____
# of Lav(s): _____	Max # of Occupants: _____
	Rent Amount: \$ _____

### Room Information

Room Name	Width	Length	Room Name	Width	Length
Master Bdrm.			Living Room		
Bedroom 2			Family Room		
Bedroom 3			Dining Room		
Bedroom 4			Kitchen		
Bedroom 5			Other Rooms:		

## Private Well Self Certification

Site Address \_\_\_\_\_

Unit # \_\_\_\_\_

I \_\_\_\_\_, hereby certify that there **is not** a well system and this property has **City Water** in accordance with the laws of the State of Michigan and Oakland County.

\_\_\_\_\_  
Signature of Owner/landlord

\_\_\_\_\_  
Date

OR

I \_\_\_\_\_, hereby certify that the well system is operating in accordance with the laws of the State of Michigan and Oakland County.

\_\_\_\_\_  
Signature of Owner/landlord

\_\_\_\_\_  
Date

## Private Septic Self Certification

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

Unit #: \_\_\_\_\_

I \_\_\_\_\_, hereby certify that there **is not** a septic field and this property has **City Sewer** in accordance with the laws of the State of Michigan and Oakland County.

\_\_\_\_\_  
Signature of Owner/landlord

\_\_\_\_\_  
Date

OR

I \_\_\_\_\_, hereby certify that the septic field is operating in accordance with the laws of the State of Michigan and Oakland County.

\_\_\_\_\_  
Signature of Owner/landlord

\_\_\_\_\_  
Date



**CITY OF WIXOM  
EQUIPMENT CERTIFICATION FORM**

**FURNACE / BOILER / MECHANICAL EQUIPMENT CERTIFICATION**

**MUST BE CURRENTLY LICENSED BY STATE OF MICHIGAN  
AND PROVIDE A COPY OF CURRENT MECHANICAL LICENSE**

**CONTRACTOR INFORMATION**

MECHANICAL CONTRACTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: MI ZIP: \_\_\_\_\_

LICENSEE NAME: \_\_\_\_\_ LICENSE # \_\_\_\_\_

CIRCLE CATEGORY: 1 2 3 4 5 6 7 8 9 10 A B C D E F

PHONE # \_\_\_\_\_ REGISTERED WITH CITY - YES / NO

**OWNER INFORMATION AND LOCATION**

JOB ADDRESS: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FURNACE / BOILER EQUIPMENT CONDITION**

MAKE / BRAND: \_\_\_\_\_ MODEL: \_\_\_\_\_ SERIAL: \_\_\_\_\_

C/O TEST RESULTS: FLUE \_\_\_\_\_ ppm AIR STREAM \_\_\_\_\_ ppm

HEAT EXCHANGER CONDITION \_\_\_\_\_

**CONTRACTOR CERTIFICATION**

ADDITIONAL COMMENTS: \_\_\_\_\_

***I CERTIFY I HAVE INSPECTED THE EXISTING CHIMNEY LINER AND IT IS IN GOOD SAFE CONDITION.***

CONTRACTOR NAME: \_\_\_\_\_ (PLEASE PRINT)

CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***I CERTIFY THE \_\_\_\_\_ FURNACE/BOILER & CONTROLS LISTED ABOVE ARE IN GOOD SAFE OPERATING CONDITION. I HAVE CLEANED AND CHECKED THIS FURNACE/BOILER.***

CONTRACTOR NAME: \_\_\_\_\_ (PLEASE PRINT)

CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Rental Unit Business License Checklist

### Attachments needed

- Rental Unit Inspection Form (Staff Circle Correct/ Incorrect) Resubmit: \_\_\_\_\_
- \$85.00 Rental Inspection Fee
- Rental Unit Business License Application (Staff Circle Correct/ Incorrect) Resubmit: \_\_\_\_\_
- \$75.00 Application Fee
- Proof that the applicant and Manager is at least eighteen (18) years of age
- Copy of picture identification such as a Driver's License which bears a date of birth for the individual, the designated individual for the corporation, partnership or limited liability company, and also the Manager
- The name, address, telephone number, birth dates, and Driver's License number of each individual who will be a Manager or in charge of each Rental Unit Business
- Authorization for the City, its independent contractors and employees, to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant and Manager (signature(s) on Rental Business License Application)
- Business, occupation, or employment of the applicant for the three (3) years immediately preceding the date of application (see attached form- Employment History)
- The Rental Unit Business or similar business history of the applicant(s) (see attached form- Business History)
- A list of the rooms, units, suites, or beds contained in the Rental Unit Business, specifying the dimensions of each room, the number of sanitary facilities, and the maximum number of individuals that would result in full capacity of the Rental Unit Business (see attached form- Property Information & Capacity)
- Completed Private Well Self Certification Form
- Completed Private Septic Self Certification Form
- Completed (by registered Mechanical Contractor) Furnace Certification Form
- Evidence of current valid General Liability Insurance
- All information required by Rental Unit Business License shall be provided at the applicant's expense