

**CITY OF SOUTHFIELD**  
**Department of Building & Safety Engineering**  
**26000 Evergreen Road • Southfield, MI 48076**  
**Telephone Number: (248) 796-4177**  
**Fax Number: (248) 796-4105**

**Application for Registration of Rental or Leased Dwelling**

Please complete this application and return it to the attention of the Rental Registration Coordinator with your check made payable to the City of Southfield. The fee for a three year registration and inspection of a rental or leased dwelling is \$300, plus a \$40 application fee.

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

**Rental Property Address:**

\_\_\_\_\_  
**Street Address          Zip**

**Owner: (Please print)**

\_\_\_\_\_  
**First Name                  Last Name**

\_\_\_\_\_  
**Email Address**

As owner of record of the above referenced property, I hereby make application for registration of a rental or leased dwelling for said property pursuant to Ordinance #1656 (Section 8.501 – 8.514 of the Southfield City Code) and I hereby authorize a designated employee or agent of the City to inspect said dwelling in accordance with said Ordinance.

**Owner:**

**Tenant:**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**City                  State                  Zip**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Home Phone                  Work Phone**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Driver's License**

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

<p><b>Please return to:</b> Attn: Rental Registration Coordinator City of Southfield Department of Building &amp; Safety Engineering P. O. Box 2055 Southfield, MI 48076</p>
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**City of Southfield**

Department of Building & Safety Engineering  
26000 Evergreen  
Southfield, MI 48076  
(248) 796-4100 FAX (248) 796-4105

Rental – (248) 796-4177

Vacant – (248) 796-4807

lboulware@CityofSouthfield.com

dpargoff@cityofsouthfield.com

**FURNACE / BOILER CERTIFICATION**

Job Address \_\_\_\_\_

Owner Name \_\_\_\_\_ Phone \_\_\_\_\_

Mechanical Contractor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Licensee Name \_\_\_\_\_ License# \_\_\_\_\_

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

Phone \_\_\_\_\_ Registered with City **Yes No**

**Contractor must be licensed and registered with the City**

**CERTIFICATION RESULTS**

Make / Brand \_\_\_\_\_ Model \_\_\_\_\_ Serial# \_\_\_\_\_

CO Results \_\_\_\_\_ P.P.M. **Pass Fail**

Heat Exchanger Condition \_\_\_\_\_

Limit Control Condition \_\_\_\_\_

Venting Condition \_\_\_\_\_

Chimney Condition \_\_\_\_\_ Size \_\_\_\_\_ Type \_\_\_\_\_

Filter \_\_\_\_\_

Expansion Tank \_\_\_\_\_ Gas Shut Off \_\_\_\_\_

Pressure Relief Size / Condition \_\_\_\_\_

Backflow Preventer \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_