

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: _____