

APPLICATION FOR REGISTRATION OF RENTAL PROPERTY

Charter Township of Lansing

3209 W. Michigan Ave. Lansing, Michigan 48917

(517) 485-3510

1) New Registration Registration Renewal Change in Owner / Property Manager

2) OWNER INFORMATION

Name: _____ Date of Birth: _____ Business Name: _____

Mailing Address: _____ City: _____ State: _____ ZIP _____

Phone Numbers: DAY _____ EVENING _____ MOBILE _____

EMERGENCY _____ FAX _____ EMAIL _____

3) PROPERTY MANAGEMENT INFORMATION

Name: _____ Business Name: _____

Mailing Address: _____ City: _____ State: _____ ZIP _____

Phone Numbers: DAY _____ EVENING _____ MOBILE _____

EMERGENCY _____ FAX _____ EMAIL _____

4) RENTAL PROPERTY INFORMATION

Property Address: _____ Parcel Tax ID Number: _____

TYPE (circle one) SINGLE-FAMILY DUPLEX (TWO FAMILY) 3 OR MORE UNITS (MULTI-FAMILY)

IF MULTI UNIT BUILDING – COMPLETE THE FOLLOWING:

1) How Many Buildings in Complex? _____ 2) How Many Units in Each Building? _____

3) Name of Complex? _____ 4) Are Any Units Owner-Occupied? _____

APPLICANT AFFIDAVIT:

I hereby attest to the truth and accuracy of the information contained in this application and grant the Charter Township of Lansing permission to conduct any and all inspections required and affirm that all tenant of the subject property will be informed of required and scheduled inspections. Furthermore, all leases executed after this date shall contain a provision requiring the lessee to consent to inspection upon notice as provided in section 104 of Ordinance 73.

Signature of Owner/Agent: _____ Date: _____

Office Use Only: Zoning _____

Date Received: _____

TOTAL FEE: _____

Check Number _____