

CITY OF SOUTHFIELD

MULTIPLE FAMILY RESIDENTIAL DWELLING REGISTRATION APPLICATION DEPARTMENT OF BUILDING & SAFETY ENGINEERING

26000 EVERGREEN ROAD, SOUTHFIELD, MI 48076

(248) 796-4807

REGISTRATION FEE \$165.00

Please complete this application and submit with fee to the attention of the **Registration Coordinator**.

COMPLEX INFORMATION:

Name: _____

Address: _____

NUMBER OF BUILDINGS: _____

NUMBER OF UNITS*: _____

***LIST ALL INDIVIDUAL UNIT NUMBERS/ADDRESSES
FOR COMPLEX ON SEPARATE SHEET AND ATTACH.**

OWNER(S) OF PROPERTY*

Name: _____

Address: _____

City, State, Zip _____

Work Phone #: _____

Cell Phone #: _____

Email: _____

RESIDENT AGENT: Same as owner

Name: _____

Address: _____

City, State, Zip _____

Work Phone #: _____

Cell Phone #: _____

Email: _____

MANAGEMENT COMPANY:

Name: _____

Address: _____

City, State, Zip _____

Work Phone #: _____

Cell Phone #: _____

Email: _____

MANAGER ON SITE:

Name: _____

Address: _____

City, State, Zip _____

Work Phone #: _____

Cell Phone #: _____

Email: _____

*List additional owner information on separate sheet and attach.

By signing this application, I certify that I have read and understand the above and that all information is true to the best of my knowledge.

Owner/Auth. Rep.: _____

(Signature)

(Print)

Date: _____

PLEASE SUBMIT THIS APPLICATION WITH FEE TO:

**REGISTRATION COORDINATOR
BUILDING DEPARTMENT
26000 EVERGREEN
SOUTHFIELD, MI 48076**

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PAGE TWO

ELECTRICAL CONTRACTOR

Name: _____
Address: _____
City, State, Zip _____
Work Phone #: _____
Cell Phone #: _____
Email: _____

BUILDING CONTRACTOR

Name: _____
Address: _____
City, State, Zip _____
Work Phone #: _____
Cell Phone #: _____
Email: _____

MECHANICAL CONTRACTOR (HVAC)

Name: _____
Address: _____
City, State, Zip _____
Work Phone #: _____
Cell Phone #: _____
Email: _____

PLUMBING CONTRACTOR

Name: _____
Address: _____
City, State, Zip _____
Work Phone #: _____
Cell Phone #: _____
Email: _____

OTHER MAINTENANCE CONTRACTORS

Name: _____
Address: _____
City, State, Zip _____
Work Phone #: _____
Cell Phone #: _____
Email: _____

Please attach additional forms if necessary.

By signing this application, I certify that I have read and understand the above and that all information is true to the best of my knowledge.

Owner/Auth. Rep.: _____
(Signature) **(Print)**

Date: _____

Please call (248) 796-4807 if there are any questions.

PLEASE SUBMIT THIS APPLICATION WITH FEE TO:

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BUILDING DEPARTMENT
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