

**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 Renewal 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 \$175, 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 Southfield, Michigan – Code of Ordinances **Title VIII – BUILDING REGULATIONS, CHAPTER 103, REGISTRATION REQUIREMENTS FOR RENTAL OR LEASED DWELLINGS, SECTIONS 8.501-8.514, AS AMENDED** 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) 796-4125

lboulware@CityofSouthfield.com

sparent@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