

**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 Ordinance #1768 (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**

**Please return to:**  
Attn: Rental Registration Coordinator  
City of Southfield Department of  
Building & Safety Engineering  
P. O. Box 2055  
Southfield, MI 48076



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**(248) 796-4100 FAX (248) 796-4105**

☐ Rental – (248) 796-4177

☐ Vacant – (248) 796-4125

[lboulware@CityofSouthfield.com](mailto:lboulware@CityofSouthfield.com)

[sparent@cityofsouthfield.com](mailto: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 \_\_\_\_\_