

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 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 \$300, 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 #1656 (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

<p>Please return to: Attn: Rental Registration Coordinator City of Southfield Department of Building & 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) 796-4807

lboulware@CityofSouthfield.com

dpargoff@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 _____