



CITY OF FLAT ROCK

DEPARTMENT OF BUILDING & SAFETY

25500 Gibraltar Road, Flat Rock, MI 48134
Telephone (734)782-0445 Fax (734)783-0304
www.flatrockmi.org

REGISTRATION OF RENTAL DWELLINGS & RENTAL UNITS PURSUANT TO ORDINANCE CHAPTER 18

PROPERTY DESCRIPTION:

Rental Property Address(s): _____ Date: _____
(If single parcel contains more than one address please indicate)

Parcel Number ID (Tax Id): 58- _____ - _____ - _____ - _____

_____ Single Family Residential

_____ Two Family Dwelling (Owner Occupied) _____ YES _____ NO

_____ Multiple Residential Occupancy

_____ Number of Units _____ Number of Buildings

OWNER OF RECORD:

(Please list all Names, Addresses, Phone Numbers, Driver License Numbers and Date of Birth of all owners)

Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

D.L. # _____ D.O.B. _____

ADDITIONAL OWNER OF RECORD:

(Please list all Names, Addresses, Phone Numbers, Driver License Numbers and Date of Birth of all owners)

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip _____

D.L. # _____ D.L.# _____



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I, _____ hereby swear or affirm that the facts are
Owner of Record

provided to the best of my knowledge. I further understand that I am to apply for a Certificate of Compliance with the Building & Safety Department and acknowledge that I have read and received a copy of the Ordinance requiring registration and obtaining of the Certificate of Compliance for all rental dwellings and rental units in the City of Flat Rock.

Signed:

Owner

I, _____ hereby swear or affirm that the facts are
Additional Owner of Record

provided to the best of my knowledge. I further understand that I am to apply for a Certificate of Compliance with the Building & Safety Department and acknowledge that I have read and received a copy of the Ordinance requiring registration and obtaining of the Certificate of Compliance for all rental dwellings and rental units in the City of Flat Rock.

Signed:

Additional Owner of Record



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To be filled out only if responsible local agent will be used

RESPONSIBLE LOCAL AGENT:

Name: _____ Telephone: _____

Address: _____ City: _____

State: _____ Zip: _____

Telephone: _____ Email _____

Authorization appointing a Responsible Local Agent, Signed by One or more of the Owners and the Responsible Local Agent:

I, _____, hereby appoint _____ as the individual legally
OWNER **RESPONSIBLE LOCAL AGENT**

Responsible for operating the above registered rental dwelling or rental unit and said Agent shall also be responsible for providing access to such premises for making Inspections necessary to insure compliance with the terms of the City of Flat Rock Ordinance chapter 18 and all applicable codes and Ordinances adopted by the City of Flat Rock.

Signed:

OWNER

I, _____ hereby swear or affirm that the facts are
RESPONSIBLE LOCAL AGENT

provided to the best of my knowledge. I further understand that I am to apply for a Certificate of Compliance with the Building & Safety Department and acknowledge that I have read and received a copy of the Ordinance requiring registration and obtaining of the Certificate of Compliance for all rental dwellings and rental units in the City of Flat Rock.

Signed:

RESPONSIBLE LOCAL AGENT



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BUILDING DEPARTMENT USE ONLY

Date of last inspection: _____

Additional Notes: _____

Expiration Date: _____

