

CHECK # \_\_\_\_\_

RENTAL LIC. # \_\_\_\_\_

*License fee is not refundable*



**RENTAL LICENSE APPLICATION**  
CITY OF LIVONIA – BUILDING INSPECTION  
33000 CIVIC CENTER DRIVE  
LIVONIA, MI 48154-3097  
(734) 466-2580



RECEIPT # \_\_\_\_\_

DATE: \_\_\_\_\_

RENTAL: ADDRESS: \_\_\_\_\_ SQFT: \_\_\_\_\_ # BEDROOMS \_\_\_\_\_ # BATHS: \_\_\_\_\_

Single Family CRSF  \$105.00 (\$45.00 Lic. & \$60.00 Insp.) Group Home CRGH  \$105.00 (\$45.00 Lic. & \$60.00 Insp.)  
Two Family CRTF  \$145.00 (\$55.00 Lic. & \$90.00 Insp.) Multifamily CRMF  \$55.00 per bldg. plus \$10.00 per unit  
over 2 Lic. \$75.00 per bldg. plus \$6.00 each unit Insp.  
# of buildings \_\_\_\_\_ # of units in building \_\_\_\_\_

TOTAL FEE AMOUNT: = \$ \_\_\_\_\_ (Includes Lic. & Insp.)

**APPLICANT:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ DOB: \_\_\_\_\_ Email address: \_\_\_\_\_

*If not the owner of record, complete & notarize affidavit section (box) i.e. – Management Company/Agent*

**OWNER OF RECORD:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ DOB: \_\_\_\_\_ Email address: \_\_\_\_\_

*Per Michigan Law, a rental license cannot be issued without proper identification.*

**IF OWNER IS A PARTNERSHIP, CORPORATION OR LLC:**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ DOB: \_\_\_\_\_ Email address: \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ DOB: \_\_\_\_\_ Email address: \_\_\_\_\_

*Name, address, and driver license of all parties.*

**TENANT OF BUILDING/DWELLING: (Required for Rental Inspections)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Approximate square footage: \_\_\_\_\_ # Bedrooms \_\_\_\_\_ # Baths \_\_\_\_\_

**AFFADAVIT SECTION** – Non-owner applicants please complete prior to submission (including the Notary Public Section if mailed in).

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to act on  
(Print Owner's Name) (Print Applicant's Name)  
My behalf and make this application for a rental license / schedule inspection.

\_\_\_\_\_  
(Owner's Signature) Dated: \_\_\_\_\_

On this date, \_\_\_\_\_, before me appeared \_\_\_\_\_, and  
did hereby affix his/her signature thereto. (Print Name)

\_\_\_\_\_  
(Notary Signature / Inspection Staff) Notary Public for \_\_\_\_\_ County  
My Commission Expires: \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
(Print Notary's Name)

**PLEASE NOTE:** INSPECTION FEES ARE IN ADDITION TO LICENSE FEES. PLEASE SUBMIT FORMS AND A CHECK, MADE **PAYABLE TO THE CITY OF LIVONIA**, TO THE INSPECTION DEPARTMENT. AT THAT TIME THE INSPECTION DEPARTMENT WILL SCHEDULE AN APPOINTMENT FOR THE INSPECTION. WE ARE LOCATED IN THE ANNEX BUILDING ATTACHED TO THE NORTH END OF THE MAIN MULTI STORY CITY HALL BUILDING AT 33000 CIVIC CENTER DRIVE (FIVE MILE AND FARMINGTON ROADS). PHONE NUMBER (734) 466-2580.

I have read and understand this Notice to Owner of Rental Properties.  
I acknowledge that the inspection fee paid includes an initial and a final inspection and that if the inspector is locked out of the unit a \$45.00 missed appointment fee will be due before any further inspections are conducted. There may be a \$45.00 re-inspection fee charged if all repairs are not corrected on the final inspection.

Rental Registration and inspection are required **yearly**.  
Rental properties with open violations **cannot transfer title** until all open violations are inspected and approved by the City of Livonia, Inspection Department.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
I am the \_\_\_ Owner \_\_\_ Agent