



# City of Marine City Building Department

303 South Water, Marine City MI 48039  
Phone: (810)765-9011 Fax (810)765-4010 [www.MarineCity-Mi.org](http://www.MarineCity-Mi.org)

## RENTAL PROPERTY REGISTRATION FORM

### Building Description

Address: \_\_\_\_\_ Zoning District: \_\_\_\_\_

### Rental Type:

\_\_\_ Single family    \_\_\_ Multi-family ( \_\_\_ Total units)    \_\_\_ Mixed Use ( \_\_\_ Total units)

**Heating system:** Please state who performed the last operational inspection and when.

**Reason for inspection** (check one): \_\_\_ 2 Year Renewal    \_\_\_ New Tenant    \_\_\_ Re-inspection

### Owner Information: (This section must be filled out completely.)

Name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Signature : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

Drivers License#: \_\_\_\_\_ (attach copy)

### If managed by company, name of contact person & number:

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

**\*\* Please note:** It is the responsibility of the property owner/manager to schedule and make arrangements with tenants to inspect property. Proper fees must accompany this form:

\_\_\_ **\$35.00 per unit (includes business license and first inspection).**

\_\_\_ **\$25.00 Each additional inspection per unit.**

### City Use Only:

Date Received: \_\_\_\_\_ Fee Paid: \_\_\_\_\_ Approved: \_\_\_\_\_

DL attached: \_\_\_\_\_ Signed: \_\_\_\_\_