

CITY OF PONTIAC  
 Department of Building Safety  
 47450 Woodward Avenue  
 Pontiac, MI 48342  
 Ph: 248-758-2800 / Fax: 248-758-2827

## Rental Registration Application (1 or 2 family)

RENTAL ADDRESS: \_\_\_\_\_

Parcel # \_\_\_\_\_

Single Family \_\_\_\_\_ Duplex \_\_\_\_\_

Total Fee: \_\_\_\_\_

**Fee Schedule**

Rental Registration Fee per building.....	\$300
Triennial Inspection Fee/Change of Tenant Fee (requires reinspection) per unit.....	\$100
Special Inspection Fee.....	\$75
Late Fee (per unit/per month before inspection).....	\$25
Replacement Certificate of Compliance Fee.....	\$10
Reschedule Fee (if appointment is cancelled less than 48 hours prior to appointment).....	\$10
Change of property management company fee.....	\$150.00
Change an active registered vacant property to rental.....	\$50.00
Tenant Verification – through December 31, 2013.....	\$75.00
Tenant Verification – effective January 1, 2014.....	\$50.00

All registration and inspection fees must be paid before inspection. Late Fee: Assessed annually after due date, at the close of business day. The undersigned hereby makes application for registration and certification of compliance in the provisions of Act. No. 167 of the Public Action of Michigan 1917 (MCL 125.401) et seq. MSA 52771 et. Acq. and/or amended, by the City of Pontiac, Ordinance No 2247 "Registration and Certification of Compliance" may be revoked in case of violation(s) and the enforcing officials shall be permitted to inspect said Rental Property as allowed by law.

**NO POST OFFICE BOX ADDRESSES ARE ALLOWED, YOU MUST USE YOUR STREET ADDRESS FOR REGISTRATION**

**OWNER INFORMATION**

**MANAGER INFORMATION**

\_\_\_\_\_  
 Last Name First Name  
 \_\_\_\_\_  
 Owner's Address  
 \_\_\_\_\_  
 City/State/Zip  
 Office Number \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name  
 \_\_\_\_\_  
 Manager's Address  
 \_\_\_\_\_  
 City/State/Zip  
 Office Number \_\_\_\_\_

Home Number _____	Home Number _____
Cell Number _____	Cell Number _____
Driver's License # _____	Driver's License # _____
Federal ID# or SS# _____	Federal ID# or SS# _____
This information is not for publication.	

I affirm that all current property taxes, water/sewer bills, and Pontiac Income Taxes are current.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Return to: City of Pontiac, Dept. of Building Safety  
47450 Woodward Ave.  
Pontiac, MI 48342

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## INCOMPLETE FORMS WILL NOT BE PROCESSED

See other side

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Property Address: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Apartment # \_\_\_\_\_ Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_

# of occupants: \_\_\_\_\_

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Tenant's Name: \_\_\_\_\_

Apartment # \_\_\_\_\_ Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_

# of occupants: \_\_\_\_\_

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Tenant's Name: \_\_\_\_\_

Apartment # \_\_\_\_\_ Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_

# of occupants: \_\_\_\_\_ Adults \_\_\_\_\_ Children

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Tenant's Name: \_\_\_\_\_

Apartment # \_\_\_\_\_ Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_

# of occupants: \_\_\_\_\_

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Tenant's Name: \_\_\_\_\_

Apartment # \_\_\_\_\_ Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_

# of occupants: \_\_\_\_\_

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Tenant's Name: \_\_\_\_\_

Apartment # \_\_\_\_\_ Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_

# of occupants: \_\_\_\_\_

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Tenant's Name: \_\_\_\_\_

Apartment # \_\_\_\_\_ Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_

# of occupants: \_\_\_\_\_

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