



3338 Coolidge
 Berkley, Michigan 48072
 (248) 658-3320
 FAX (248) 658-3301
www.berkleymich.org

RENTAL APPLICATION

Rental Address _____ Sidwell _____

Number of Units: Residential _____ Commercial _____ Zoning _____

Owner Information

Name _____
 Address _____
 City _____ State _____ Zip _____
 Day Phone _____ Evening Phone _____
 Drivers License # _____ Date of Birth _____ EMAIL Address _____

Agent Information (if applicable)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Day Phone _____ Evening Phone _____ EMAIL Address _____

Tenant Information

Name _____ Day Phone _____

BIENNIAL FEES FOR RENTAL STRUCTURES

<u>RESIDENTIAL</u>	<u>COMMERCIAL</u>
Single Family Inspection Fee: \$180 Registration Fee: \$60 Multiple Family First Unit Inspection Fee: \$180 Each Additional Unit Inspection Fee: \$35 Registration Fee (Each Unit): \$60	Each Occupancy Inspection Fee: \$180 Registration Fee (Each Unit): \$60

Berkley City Code requires that you schedule an inspection within 60 days of this registration. Berkley City Code requires that all rental properties must be registered and inspected on a biennial basis. Your inspection fee covers 2 inspections. If additional inspections are needed, a reinspection fee of \$30 will be required. Any violations noted during a city inspection must be corrected in a timely manner. **Failure to schedule inspections or make timely repairs will not extend the license period.** Failure to register, schedule inspections, or make repairs is a civil infraction and is punishable by fines at the 44th District Court.

If the property has been sold, you must supply this department with a copy of the recorded land contract or deed to have your name removed from our records.

I have read and understand the requirements of Berkley City Code regarding rental property.

 Signature of ___ Owner ___ Agent Please PRINT Name Signed Date

Refund Policy: If a rental license is cancelled prior to inspections being completed and within 60 days of registering the property, the City will refund the owner \$180. If inspections have been completed, no refund will be given.

Office Use Only

Fee _____ Date Received _____ Issued _____ Receipt # _____ Expires _____