



CITY OF ECORSE BUILDING DEPARTMENT

APPLICATION FOR RENTAL CERTIFICATE

City of Ecorse · 3869 W Jefferson · Ecorse · Michigan · 48229 · Ph: 313-386-3636 Fx: 313-386-7563 RENTAL

RENTAL PROPERTY ADDRESS: _____

PROPERTY STATUS: Vacant _____ Tenant Occupied _____

OWNERS OF PROPERTY:

NAME: _____ ADDRESS _____

Telephone: _____ Work Phone: _____ Email: _____

RESPONSIBLE PARTY: *Check if owner is same as responsible party* _____

NAME: _____ ADDRESS _____

Telephone: _____ Work Phone: _____ Email: _____

*** List additional owner's or officer's information on separate sheet and attach along with copy of driver's license. ** Responsible party must be a Michigan resident and live within one hundred (100) miles of Ecorse. All correspondence is sent to the responsible party. All LLC & other Company names must include the owner's name.**

APARTMENTS ONLY: No. of Buildings: _____ No. of Apartments per Building: _____

SINGLE FAMILY HOME(S) _____

A COPY OF THE MANAGEMENT AGREEMENT BETWEEN THE OWNER AND RESPONSIBLE PARTY MUST BE INCLUDED WITH THIS APPLICATION AS WELL AS A COPY OF THE PHOTO ID OF BOTH THE RESPONSIBLE PARTY AND PROPERTY OWNER.

The correct registration fee must accompany this application. Upon inspection and approval by the Building Department, a certificate will be issued. It is a violation of the Ordinance not to notify this Department of a change in ownership or contact information. The Owner(s) and Responsible Party remain liable under this agreement until such change in ownership is notified. Change in ownership does not negate liability for violations that occurred during ownership of this property.

BY SIGNING THIS APPLICATION, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE AND BELOW CONDITIONS AND STATE THAT ALL INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I AM RESPONSIBLE TO PAY ALL FEES OR FINES THAT MAY ACCRUE TO THIS PROPERTY. I AGREE THAT ALL DISPUTES ARISING OUT OF THIS AGREEMENT ARE IN THE EXCLUSIVE JURISDICTION OF THE COURTS OF MICHIGAN. THIS AGREEMENT IS GOVERNED BY MICHIGAN LAW.

Must be signed by Legal Owner or Responsible Party:

RENEWAL EVERY YEAR

DATE: _____

(Print Personal Name: no LLC, Corporation, or Other Legal Entity)

(Signature)

DRIVER'S LICENSE: STATE _____ NUMBER _____ DATE OF BIRTH: _____

FOR OFFICE USE ONLY

Amount Paid: _____ Date Paid: _____ Received By: _____ Certificate # _____