

APPLICATION FOR REGISTRATION OF RENTAL PROPERTY



Community Development Department
 2074 Aurelius Rd, Holt MI 48842 • P: 517-694-8281 • FAX: 517-694-1289
 E: building@delhitownshipmi.gov • delhitownshipmi.gov

DATE STAMP

1) NEW REGISTRATION REGISTRATION RENEWAL CHANGE IN OWNER / PROPERTY MANAGER

2) OWNER INFORMATION

| | | | |
|----------|-------------|----------------|----------------|
| Name: | | Business Name: | |
| Address: | | City: | State: Zip: |
| Day Ph: | Evening Ph: | | Mobile: |
| Email: | | | Fax: |

3) PROPERTY MANAGEMENT INFORMATION

| | | | |
|----------|-------------|----------------|----------------|
| Name: | | Business Name: | |
| Address: | | City: | State: Zip: |
| Day Ph: | Evening Ph: | | Mobile: |
| Email: | | | Fax: |

4) RENTAL PROPERTY INFORMATION

If there is more than one address or parcel number for each building, you must indicate below. This information is required to register a rental property.

| | |
|--|-----------|
| Property Address: | Parcel #: |
| Type (Check One): <input type="checkbox"/> SINGLE-FAMILY <input type="checkbox"/> DUPLEX (TWO FAMILY) <input type="checkbox"/> 3 OR MORE UNITS (MULTI-FAMILY) | |

IF MULTI UNIT BUILDING - COMPLETE THE FOLLOWING

| | |
|-----------------------------------|-------------------------------------|
| 1) How many buildings in complex? | 2) How many units in each building? |
| 3) Name of complex. | 4) Are any units owner-occupied? |
| Additional Address: | Additional Parcel #: |

Type (Check One): SINGLE-FAMILY DUPLEX (TWO FAMILY) 3 OR MORE UNITS (MULTI-FAMILY)

IF MULTI UNIT BUILDING - COMPLETE THE FOLLOWING

| | |
|-----------------------------------|-------------------------------------|
| 1) How many buildings in complex? | 2) How many units in each building? |
| 3) Name of complex. | 4) Are any units owner-occupied? |
| Additional Address: | Additional Parcel #: |

Type (Check One): SINGLE-FAMILY DUPLEX (TWO FAMILY) 3 OR MORE UNITS (MULTI-FAMILY)

IF MULTI UNIT BUILDING - COMPLETE THE FOLLOWING

| | |
|-----------------------------------|-------------------------------------|
| 1) How many buildings in complex? | 2) How many units in each building? |
| 3) Name of complex. | 4) Are any units owner-occupied? |

APPLICANT AFFIDAVIT:

I hereby attest to the truth and accuracy of the information contained in this application and grant Delhi Charter Township permission to conduct any and all inspections required and affirm that all tenant of the subject property will be informed of required and scheduled inspections. Furthermore, all leases executed after this date shall contain a provision requiring the lessee to consent to inspection upon notice as provided in section 3-90.6A of Ordinance 102.3

Signature of Owner/Agent

Print Name

Date

REV. 01/2023

FOR OFFICE USE ONLY

| | | |
|------------------------|--------------------------|-------------------|
| Total Number of Units: | Total Number of Parcels: | Posted as Rental: |
| FEE: | Receipt #: | Date Received: |