

**RENTAL HOUSING LICENSE
RENEWAL APPLICATION**

City of East Lansing

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East Lansing MI 48823

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PROPERTY INFORMATION

(take information from your previous license)

PROPERTY ADDRESS:

CLASS OF LICENSE:

I II III IV V VI

EXPIRATION MONTH AND YEAR:

LICENSED OCCUPANCY:

OWNER

OWNER NAME: _____ DRIVER'S LICENSE NUMBER: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: (____) _____ - _____ OR: (____) _____ - _____

FAX: (____) _____ - _____ E-MAIL ADDRESS _____

REQUIRED ATTACHMENTS

SITE PLAN IS: ' PREVIOUSLY ACCEPTED AND UNCHANGED ' ATTACHED

FLOOR PLANS IS: ' PREVIOUSLY ACCEPTED AND UNCHANGED ' ATTACHED

IF CORPORATION ONLY--THE MOST RECENT ANNUAL REPORT IS: ' ATTACHED

LICENSE APPLICATION FEE OF \$195.00 IS: ' ATTACHED (FEE MUST BE PAID BEFORE INSPECTION CAN BE SCHEDULED)

*Fee is based on a 13 month inspection schedule

LEASING DECLARATION

' I PERMIT SUBLETTING ' I DO NOT PERMIT SUBLETTING ' THERE IS NO CURRENT LEASE ON THIS PROPERTY

LEGAL AGENT OR RESIDENT AGENT

NAME OF AGENT: _____ AGENT'S DRIVER'S LICENSE NO.: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ PHONE: (____) _____ - _____ OR: (____) _____ - _____

FAX: (____) _____ - _____ E-MAIL ADDRESS _____

LEGAL AGENT REAL ESTATE LICENSE ID NO _____ COUNTY OF RESIDENCE _____

I AUTHORIZE THE ABOVE TO BE MY LEGAL AGENT FOR THIS PROPERTY SIGNATURE _____ DATE _____

I ACCEPT RESPONSIBILITY FOR THIS PROPERTY AS LEGAL AGENT SIGNATURE _____ DATE _____

CORPORATION, ORGANIZATION, PARTNERSHIP, TRUST *MUST COMPLETE THE BACK*

I hereby make application for renewal of a housing license for the above premises and agree to permit Chief Code Official and/or appointees to enter and perform inspections as required by Article 10 of Chapter 101 of the Code of the City of East Lansing in the manner permitted by said article. I certify that insurance coverage for structural loss or damage and premises liability for personal injury exits and shall be maintained on the licensed property.

SIGNATURE _____ DATE _____

TO BE COMPLETED BY NOTARY REPUBLIC (notary services available at the Department of Code Enforcement)

Subscribe and sworn to before me this _____ Day of _____ 20 _____

_____ County, Michigan

My commission expires _____.

CORPORATION, ORGANIZATION, PARTNERSHIP, TRUST

TYPE OF ENTITY: ' CORPORATION ' FRATERNITY ' SORORITY ' PARTNERSHIP ' TRUST
 ' COOPERATIVE ' OTHER

NAME OF ENTITY _____

CORPORATE ID NUMBER _____

ATTACH THE FOLLOWING: NAME, TITLE, DRIVER'S LICENSE OR STATE ID NUMBER, AND ADDRESS OF THE CHIEF EXECUTIVE OFFICER, ALL GENERAL PARTNERS, INDIVIDUAL PARTNERS, MANAGING MEMBERS OR ALL TRUSTEES

For office use only

revised 07/05 O:\CODE\HOUSING\Forms\renewapp05-06.wpd

	Yes	no	
SITE PLAN	'	'	RECEIVED
FLOOR PLAN	'	'	BY _____ DATE _____
DELINQUENT FEES	'	'	' CASH ' CHECK # _____ AMOUNT _____
COMPLIANCE	'	'	' CREDIT CARD
OL UPDATED	'	'	DELIVERED BY ' MAIL ' IN OFFICE
FURNACE REPORT DUE DATE _____			RETURNED: DATE _____
			REASON:

Notes:

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