



Date: _____

Exp. Date: _____

City of Lapeer
Building Department
 576 Liberty Park, Lapeer MI 48446
 Phone: 810-245-9621 Fax: 810-538-3000
 Email: building@ci.lapeer.mi.us

RENTAL APPLICATION

Address of Property: _____ Apt: _____

_____ Apt: _____

_____ Apt: _____

Of Common Areas (Laundry Room, Basement, Hallway, Stairs, etc.): _____

Property Owner:

Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

Driver License #: _____ Phone #: _____

Email: _____ Fax #: _____

Responsible Party: Agent Property Owner

Name: _____ DOB: _____

Address: _____ City/State/Zip: _____

Driver License #: _____ Phone #: _____

Email: _____ Fax #: _____

- Please provide the following with your Rental Application (2 pages) and associated fee:
- Copy of Property Owner's Driver License
 - The landlord shall provide a copy of a current furnace report to the Building Department.
 - Have a licensed mechanical contractor clean and tune your furnace and/or boiler:
 - Check the efficiency of the heating appliance
 - Check for the safe operation and that no trace of carbon monoxide is found

Complete Remaining Sections on Back Side of Application

Fees:

Single Family Home = \$125.00

Common Areas = \$40.00 per Area

Multi-Family or Duplex = \$125.00 for 1st Unit + \$40.00 each additional unit

A \$62.50 late fee will be applied if application is received later than 10 days after the due date.
(Checks payable to the City of Lapeer)

If unit is occupied provide the following additional information:

Address/Unit	Tenant Name	Telephone #	Fee

Total Due: \$ _____

Upon submitting your application and paying the associated fee to the Building Department, follow the below process:

1. Schedule Appointment for the rental inspection with Building Department
2. **If violations are found during the rental inspection, you as the applicant are required to contact the Building Department to have a re-inspection.**
3. Upon inspection and approval of the property being code compliant, a rental certificate will be mailed to you with a new expiration date.

I hereby affirm that the above information is correct to the best of my knowledge.

Signature of Applicant

Print Name

Date

FOR OFFICE USE ONLY

Check #/Cash: _____ Amount \$: _____ Paid: _____ Mailed: _____

Certification #: _____
