

VILLAGE OF CASS CITY
6506 Main Street
P.O. Box 123
Cass City, MI 48726
casscity.org

RESIDENTIAL RENTAL DWELLING UNIT
REGISTRATION, MAINTENANCE AND
INSPECTION APPLICATION
APPLICATION MUST BE FILLED OUT COMPLETELY

I. PROPERTY INFORMATION

ADDRESS

COMPLEX NAME

II. OWNER INFORMATION

OWNER	EMAIL ADDRESS	FAX NO.	
NAME	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
DRIVER'S LICENSE NUMBER			

Note: List additional owner's information on separate sheet and attach.

III. OWNER AGENT/PROPERTY MANAGER INFORMATION

SAME AS OWNER

OWNER AGENT/MANAGER	EMAIL ADDRESS	FAX NO.	
NAME	PHONE NUMBER		
ADDRESS	CITY	STATE	ZIP CODE
DRIVER'S LICENSE NUMBER			

IV. TYPE OF UNITS

SINGLE FAMILY ONLY:

Number of single family rental houses: _____
Number of accessory structures: _____

MULTI-UNIT ONLY:

Number of multi-unit buildings: _____
Number of units: _____
Number of accessory structures: _____

Upon inspection and approval, a certificate will be issued. It is a violation of the Ordinance not to notify the Village of a change in ownership.

V. SIGNATURE OF OWNER AND OWNER AGENT/PROPERTY MANAGER FORM REQUIRED BELOW

I, the undersigned, agree to obtain and pay for the Village's rental inspection permit for the above-referenced property and to obtain inspections to ensure the building is safe and well maintained.
I, hereby acknowledge that no permit will be issued by the Village until all rental inspection requirements are met.

Date

Signature of Property Owner/Property Manager

I wish to receive inspection reports and other correspondence via email

Email address: _____