



**APPLICATION FOR RENTAL CERTIFICATION  
CITY OF MIDLAND – BUILDING DEPARTMENT  
333 W. ELLSWORTH ST., MIDLAND, MI 48640**

Please submit the following information, pay the appropriate certification fees and schedule a property inspection before the property is occupied, or by the date indicated by the Building Department Housing Inspector.

RENTAL ADDRESS \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ NUMBER OF BUILDINGS \_\_\_\_\_

NUMBER OF UNITS \_\_\_\_\_ NUMBER OF BEDROOMS \_\_\_\_\_

PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PROPERTY MANAGER, IF DIFFERENT THAN OWNER \_\_\_\_\_

PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**Inspectors do not inspect for mold, airborne contaminants or other possible contaminants.**

**FEE SCHEDULE**

First rental unit	\$75
Each additional unit	\$35
1 <sup>st</sup> month late fee	\$75, \$35 added per additional unit
2 <sup>nd</sup> month late fee	\$75, \$35 added per additional unit
1 <sup>st</sup> re-inspection fee	Free
2 <sup>nd</sup> re-inspection fee	\$75, \$35 added per additional unit

**SEE REVERSE SIDE FOR APARTMENT COMPLEX INFORMATION**

**APARTMENT COMPLEX INFORMATION**

COMPLEX NAME \_\_\_\_\_

NUMBER OF BUILDINGS \_\_\_\_\_ NUMBER OF UNITS \_\_\_\_\_

MANAGEMENT COMPANY NAME \_\_\_\_\_

PRIMARY CONTACT NAME \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

SECONDARY PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

**UNIT INFORMATION**

Address	Apartment Number	Building Number	Floor Number	Number of Bedrooms	Barrier Free Yes/No