

**Pittsfield Charter Township Department of Building Safety
Rental Dwelling Registration Form**

Property Address: _____

Complex Name:(If Applicable)_____

Applicant's Name: _____

Title

Date

Multi-Family Rental Single Family Rental Two-Family New Owner Name Change

Property Owner's Name: _____
(If the owner's address is more than 60 miles from the Township, the registration must designate an agent.)

_____	_____	_____	_____
Mailing Street Address	City	State	Zip
_____	_____	_____	_____
Business Phone	Emergency Phone	Cell Phone	E-mail
_____	_____	_____	_____
Drivers License Number or State ID	Name of Property Insurance Company	Insurance Company Phone	

In Case of Emergency After Hours Contact: (person on list should have key with access to building)

_____	_____	_____
First Contact	Home Phone	Cell Phone
_____	_____	_____
Second Contact	Home Phone	Cell Phone

Corporation or Partnership Information: *Required only when the owner is a corporation or partnership.*

_____	_____		
Managing Partner or Registered Agent	Michigan Registration Number		
_____	_____	_____	_____
Mailing Street Address	City	State	Zip
_____	_____	_____	_____
Business Phone	Emergency Phone	Cell Phone	E-mail

On a separate sheet provide the name, complete address, and phone number of all officers of the corporation or partners of the partnership. If the above corporation is owned, in whole or part, by another corporation all the above information, including the officers, must be provided for the parent corporation.

Ordinance No. 273 MANDATES THAT ALL CHANGES IN THE REQUIRED INFORMATION MUST BE PROVIDED TO THE BUILDING SAFETY DEPARTMENT IN WRITING WITHIN 30 DAYS OF THE CHANGE.

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Complex Name:(If Applicable) _____

Management Company: _____
 (Must complete agent registration form)

_____ Mailing Street Address _____ City _____ State _____ Zip

_____ Primary Contact Person _____ Business Phone _____ Emergency Phone _____ Cell Phone _____ E-mail

INITIAL FEES ARE DUE SEVEN DAYS BEFORE THE SCHEDULED INSPECTION DATE, RENEWAL FEES ARE DUE 30 DAYS PRIOR TO THE CERTIFICATION EXPIRATION DATE.

Total Number of Buildings: _____ Total Number of Dwelling Units: _____

UNIT INFORMATION:

Street Address Number	Street Name	Bldg. #	Apt #	Number of Bedrooms	Floor	Barrier Free Yes/No

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