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Cert # \_\_\_\_\_

## (RENTAL) CERTIFICATE OF COMPLIANCE

Amt Paid:



## **CITY OF HARPER WOODS**

19617 Harper Avenue, Harper Woods, MI 48225 \* 313.343.2526 \* fax/313.343.2519 \* email: <u>building@harperwoods.net</u>

RENTAL PROPERTY ADDRESS * NUMBER OF UNITS * NOTE: Rental Unit is defined as any dwellin								
Property Owners Name: *			<u> </u>					
	ship, give name of principal officer							
Owners address: *								
Telephone: *	Cell phone:		Fax:					
Email Address: *								
Elliali Addiess.								
Driver's License Number: *	Sta	te: *	Date of Birth: *					
SIGNED *		_DATE:						
I hereby certify that 1 am the owner, or land contract purchaser for the IV of the City of Harper Woods Code of Ordinances requires periodic								
Sec. 11-73(14) General Liability Insurance – Evidence of current valid general liability insurance minimum coverage of \$300,000, shall include coverage for fire damages. A copy of the certificate of insurance must be provided to the city each year upon renewal. If the coverage changes during the term of the certificate, a new declaration shall be delivered to the city at least ten (10) days prior to the change date. Effective 8/11/2014 - PROOF OF INSURANCE (COPY OF DECLARATION SHEET) MUST BE PROVIDED prior to issue AND WILL BE KEPT ON FILE								
* INDICATES REQUIRED FIELDS  NOTE: Pursuant to Section 11-73(10) of the City of Harper Woods Code of Ordinances, "A local agent for every unit is required if an owner does not reside in Wayne County or any adjoining county. The owner is required to notify the city of the identity and contact information of the designated agent".								
Local Responsible Party's Name:								
Local Agents address:								
Telephone:	_Cell phone:		Fax:					
Email Address:								
Driver's License Number:	State	:	_ Date of Birth:					
Local Agent's Signature		Do	te.					

## PROPERTY OWNER INFORMATION (Corporate Information)

**Property Owners Name:** 

LATE FEE

**Copy of Certificate** 

Re-inspection / Lock Out Fee

Re-instate revoked or suspended certificate

(If Corporation or Joint Ownership give name of principal officer or Resident Agent)

Owners address:					
Telephone:	Cell phone:		Fax:	Fax:	
Email Address:					
Drivers License Number:		State:	Date of	f Birth:	
	Invoice Inf	ormation			
Late Fee WILL BE ASSESSED if the renewal is not complete occupied property has no	• •	of the renewa	l date; or if a n	ew application for an	
Rental Property Registration Per I	Parcel (Every 3 years)		\$150.00	Single Unit	
Rental Property Registration Per F		\$200.00	Duplex (2 unit)		
Rental Property Registration Mult	\$150.00	Multi-Family (Per Bldg)			
Rental Units within Multi Family I	Buildings *		\$ 60.00	* Per Unit in each Bldg	

➤ ONE RE-INSPECTION IS INCLUDED IN INITIAL FEE, ALL ADDITIONAL RE-INSPECTIONS BEYOND THE 1<sup>st</sup> AND ANY LOCK OUTS WILL BE CHARGED - NO EXCEPTIONS.

\$ 100.00

\$ 100.00

\$ 10.00

\$ 100.00

**Each Property Address** 

- > RENTAL CERTIFICATE WILL BE REVOKED UPON ANY VIOLATION OF CITY REQUIREMENTS AND CODE ENFORCEMENT ACTION WILL BE TAKEN.
- > YOU WILL RECEIVE AN EMAIL WITH YOUR INSPECTION RESULTS. A COPY WILL ALSO BE MAILED TO THE ADDRESS OF YOUR RESPONSIBLE PARTY. TO ACCESS INSPECTION RESULTS ONLINE YOU MUCH GO TO WWW.HARPERWOODSCITY.ORG AND SELECT CITY DEPARTMENTS, THEN SELECT BUILDING DEPARTMENT. FROM THERE YOU WILL CLICK ON THE LINK FOR ACCESS MY GOV AND SEARCH BY STREET ADDRESS. THIS SERVICE WILL BE AVAILABLE AT LEAST 1 BUSINESS DAY AFTER THE INSPECTION

CALL 313-343-2526 FOR MORE INFORMATION

YOU ARE RESPONSIBLE TO SCHEDULE ALL INSPECTIONS WITH THE BUILDING DEPARTMENT