27600 Jefferson
St Clair Shores, MI 48081

City of St. Clair Shores

Registration of a Non-owner-Occupied Property and Application for Certificate of Approval

586-447-3340
586-445-4098 (fax)

Application will not be accepted unless all information is provided
Payment and the registration form must be received prior to scheduling an inspection.

Property Address: _____ **Number of Units:** _____

OWNER INFORMATION *(Please print clearly)*		
Name:		
Are you an LLC (circle one): YES NO	**Name of the president or an officer?**	
Address		
City	**State**	**Zip**
Phone	**Email**	
Driver's License Number (attach copy)	**Date of Birth**	

OCCUPANT INFORMATION-ALL INFORMATION IS MANDATORY *(Please print clearly)*	
Name of Occupant:	
Phone	**Email**

AGENT, PROPERTY MANAGEMENT, RESPONSBILE PARTY INFORMATION *(Please print clearly)*		
Name of Company:		
Name of Agent:	**Are you an LLC (circle one): YES NO**	
If yes, what is the name of the president or an officer?		
Address		
City	**State**	**Zip**
Phone	**Email**	
MI Driver's License Number (attach copy)	**Date of Birth**	
Please note that section 8-303.b.1 of the city's ordinance requires that owners who reside or have a business address outside of Wayne, Oakland, Macomb, Washtenaw or St. Clair counties must designate a local agent. Any such agent must reside or have a business address (a PO box does not qualify as a business address) in Wayne, Oakland, Macomb, Washtenaw or St Clair Counties and must provide a local address and telephone number of the agent.		

SIGNATURE	
I hereby attest that the above information is accurate and complete. I acknowledge responsibility for complying with the ordinance regarding non-owner-occupied residential units in the city of St. Clair Shores and that all building, electrical, plumbing and fire codes must be met prior to occupancy in any property for which I am responsible. **If the application is submitted by an agent, property manager or other responsibility party, that individual must notice the city in writing if their management agreement is terminated.** **MANAGEMENT AGREEMENT MUST BE PROVIDED** **IF THE PROPERTY HAS BEEN SOLD, YOU MUST SUPPLY THIS DEPARTMENT WITH A COPY OF THE RECORDED LAND CONTRACT OR DEED TO HAVE YOUR NAME REMOVED FROM OUR RECORDS.**	
Applicant Signature	**Date**
Print Name	**Driver's License Number (Attach Copy)**

MAKE CHECKS PAYABLE TO: City of St. Clair Shores

- Single Family - **$150**/1st 3000 sq ft $ _____
  - Each addt'l 1000 sq ft + $10 $ _____
- Multiple Family **$150**/1st unit $ _____
  - Each addt'l unit in same building + $50) $ _____
- Total $ _____

- Fee includes original Inspection & one follow-up inspection for compliance.
- Re-scheduled Inspection $30 (No one at site at scheduled time)
- Re-Inspection for Non-Compliance at 50% of original fee

The Owner/Manager is responsible for scheduling all required inspections. Please call **586.447.3340** to schedule. Lack of inspections can lead to fines, vacating the property and other penalties. Completing this form does not constitute a certificate of approval. A certificate of approval is required before occupying.

FOR OFFICE USE ONLY			
☐ **New**	☐ **Renewal**	☐ **Assessing**	☐ **Scheduled**
Date			