



APPLICATION FOR NON-OWNER OCCUPIED CERTIFICATE
 City of Hamtramck
 3401 Evaline
 Hamtramck, MI 48212
 (313) 800-5233 Ext. 296

NON-OWNER OCCUPIED PROPERTY ADDRESS: _____

TENANT: _____ **PHONE NUMBER:** (____) _____

OWNER(S) OF PROPERTY:*

RESPONSIBLE PARTY:** Same as owner

Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Work Phone: _____
 Driver's Lic. #: _____
 Date of Birth: _____

Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Work Phone: _____
 Driver's Lic. #: _____
 Date of Birth: _____

* List additional owner's information on separate sheet and attach.
 ** Responsible party must be a Michigan resident and live within fifty (50) miles of Hamtramck. All correspondence is sent to the responsible party.

<u>HOUSES ONLY:</u>		<u>MULTI-FAMILY:</u>	
One Family	<input type="checkbox"/>	No. of Buildings:	_____
Two Family	<input type="checkbox"/>	No. of Apartments per Building:	_____
Certificate Fee:*	\$ _____	Total number of Apartments:	_____
		Certificate Fee:	\$ _____

* I hereby certify that I am entitled to a waiver of inspection and fees as the property herein described is my residence and any additional unit is occupied by my:

- Mother Father Son Daughter
 Spouse Sister Brother

I further understand that I may be required to provide proof of the relationship.

The correct certificate fee must accompany this application. Upon inspection and approval by the Building Department, a certificate will be issued. It is violation of the Ordinance not to notify this Department of a change in ownership or contact information.

Correspondence, correction notices and courtesy renewal notices are sent by e-mail. You must provide a valid e-mail address.

E-mail address _____

By signing this application I certify that I have read and understand the above and that all information is true to the best of my knowledge and I agree to e-mail notifications.

Signed by:

OWNER: _____ **RESPONSIBLE PARTY:** _____ **DATE:** _____

FOR OFFICE USE ONLY

Expiration Date: _____ Amount Paid: _____ Date Paid: _____ Clerk: _____ Cert. #: _____