

تادئسملا مهف و لامكلا ةمءرئلا تامءءل ءءاء ءانه ءءاء اءا ةءاءقلا بلئل مسقلا فرشمب لاصءلا ءءري،

যদি নদি সম্পন্ন বা ববাবার জনয অনুবাি পদরষেবার প্রষাজন হ, অনুগ্রহ কষর
বাসস্থানর জনয অনুষরাধ করার জনয দবভাগী প্রধাষনর সাষি বযাগাষাগ করুন।



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.

HOUSES ONLY:	<input type="checkbox"/>	MULTI-FAMILY:	
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. #: _____
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