

**CHARTER TOWNSHIP OF CLINTON  
RESIDENTIAL RENTAL PROPERTY  
APPLICATION**

**Receipt No.** \_\_\_\_\_ **Inspection Date** \_\_\_\_\_

Date Received \_\_\_\_\_ **Rental Permit #** \_\_\_\_\_

Rental Property Address \_\_\_\_\_

Building # \_\_\_\_\_ Number of Rental Units Per Building \_\_\_\_\_

Type of Rental Units:     Single Family             Two Family             Multi-Family  
 Boarding House         Hotel                     Rooming House         Lodging House  
 Tourist Home             Dormitory             Other

Occupant Name \_\_\_\_\_ Phone No. \_\_\_\_\_

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**Property Owner**

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Office Phone No. \_\_\_\_\_

Date of Birth or  
Driver's License No. \_\_\_\_\_ Signature: \_\_\_\_\_

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**Property Manager (if applicable)**

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Office Phone No. \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Signature: \_\_\_\_\_

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**Authorized Representative (Repairs or Service)**

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Office Phone No. \_\_\_\_\_

# INSPECTION FEE CALCULATION WORKSHEET

## Single Family

Number of single family rental houses \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

## \*Duplex (Two Family)

Number of two family rental buildings \_\_\_\_\_ x \$200.00 = \$ \_\_\_\_\_

*(If owner occupies one unit of a two family dwelling, please register the property as a Single Family unit.)*

*(If duplex is located on two separate parcels, please register as two (2) single family units.)*

## \*Multi-Residential Building (Other than Duplex)

Registration Fee Per Bldg.                      \$100.00                      =                      \$ \_\_\_\_\_

Units To Be Inspected \_\_\_\_\_ x \$50.00 each                      =                      \$ \_\_\_\_\_  
Per Building – Refer to Fee Schedule

Multi-Residential Building Total =                      \$ \_\_\_\_\_

This must be done for each building for a grand total.

**FINAL TOTAL**                      \$ \_\_\_\_\_

Add totals column down for final total.

Note: Re-inspection fees per unit: \$40.00 (for third inspection and all subsequent inspections as may be required to bring into compliance.)