



Initial Registration for Certification
OFFICE OF THE DEPARTMENT OF BUILDING SAFETY
LINCOLN CHARTER TOWNSHIP

2055 W. John Beers Rd.
 Stevensville, Michigan 49127

Date: _____ Rental Description Section

Rental: Yes ___ No ___ *You must still sign date and return if NOT a rental unit*

If not a rental give reason: Second home/Owner Occupied ___ Immediate family occupied ___ Vacant ___ For sale ___

Name of Rental Facility: _____

Address: _____

Parcel Number: _____

Building Number _____ UNIT Number _____

Legal Owner Section

Legal Owner(s): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Agent Section

Name(s): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Mortgage Holder Section

Name(s): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE FILL OUT ONE APPLICATION PER UNIT AND RETURN WITHIN 30 DAYS.

We the undersigned, hereby certify that:

1. The data submitted in this application is an accurate representation as of the date of the application and the registration statement shall serve as prima facia proof of the statements in any administrative enforcement or court proceeding instituted by the Township against the owner or owners of the dwelling.
2. We understand that it is illegal to operate a rental unit, within Lincoln Charter Township, without a Rental Certificate. We also understand that failure to comply or provide accurate information will result in legal actions and fines.
3. We understand by designating an authorized agent, we are consenting to service of any and all notices of code violations concerning the registered building and all process by service of the notice or process on the authorized agent.
4. We understand that we must file an amended registration statement within ten (10) business days, of any changes in the registration statement.

Signature

Date