



## Residential rental property checklist

- Rental Unit Inspection Form
- Rental Unit Business License Application
- Rental Business History
- Equipment Certification Form (furnace/boiler & chimney)-include inspection receipt
- Employment Information of Applicant/Property Info. - Room List, Dimensions, Capacity
- Private Well/Private Septic Self-Certification
- Copy of Picture ID/Driver's License of Applicant, Owner and/or Manager, Local Agent
- Copy of General Liability Insurance
- Check for \$160.00 payable to The City of Wixom

Address \_\_\_\_\_

Date Applied \_\_\_\_\_

BUILDING DEPARTMENT  
49045 PONTIAC TRAIL  
WIXOM, MI 48393  
(248) 624-0880  
[WWW.WIXOMGOV.ORG](http://WWW.WIXOMGOV.ORG)  
EMAIL:  
BUILDINGADMIN@WIXOMGOV.ORG



## Rental Unit Inspection Form

All owners of residential rental dwelling units located within the City of Wixom are required to submit a completed Inspection form and an \$85.00 fee payable to the City of Wixom (certified check or cash). Complete all applicable information and return to City of Wixom Building Department, 49045 Pontiac Trail, Wixom, MI 48393. Please **type or print** clearly in ink. Questions may be addressed to the Building Department at 248-624-0880.

### Owner(s):

Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Responsible Local Agent (if applicable):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Responsible Agent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Address of Property to be certified:

Property Address: \_\_\_\_\_

Property ID #: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_ Lot #: \_\_\_\_\_

Apartment Complex Name: \_\_\_\_\_ Building #: \_\_\_\_\_ Unit #: \_\_\_\_\_

I hereby attest that the above stated information is true to the best of my knowledge. I understand that failure to register any residential rental dwelling units within the City of Wixom or the submission of false information on this form may result in a municipal civil infraction in accordance with the provisions of City Ordinance.

The signing of this application is authorization for the City, its independent contractors and employees, to seek information, conduct the required investigations and inspections.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local Agent Signature

\_\_\_\_\_  
Date

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EMAIL: BUILDING@WIXOMGOV.ORG



## Rental Unit Business License Application

In accordance with Chapter 5.25 of the City of Wixom Municipal Code all owners of rental units located within the City of Wixom are required to submit a completed application form and a \$75.00 fee for the business license which shall be made payable to the City of Wixom (certified check or cash). Complete all applicable information and return to City of Wixom Building Department, 49045 Pontiac Trail, Wixom, MI 48393. Please **type or print** clearly in ink. Questions may be addressed to the Building Department at 248-624-0880.

### Rental Unit Owner Information:

Rental Location: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Applicant Information:

Individual/Corporation/Partnership/L.L.C Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Management Agent/Manager Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Local Agent Name:** \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Additional Information:** Applicant must provide all information as specified in the Residential Rental Unit Business License Checklist.

I hereby attest that the above stated information is true to the best of my knowledge. I understand that failure to register any residential rental dwelling unit(s) within the City of Wixom or the submission of false information on this form may result in a municipal civil infraction in accordance with the provisions of City Ordinance.

The signing of this application is authorization for the City, it's independent contractors and employees, to seek information, conduct the required investigations and inspections.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's or Local Agent's Signature

\_\_\_\_\_  
Date



## Rental Business History

Has the applicant(s) has previously operated a Rental Unit Business in this or another municipality or state:      YES      NO

If yes, please give an accurate, complete, history of Rental Unit Business or similar business. (List additional employers on a separate sheet, if necessary.)

**Please Print All Information**

<b>1</b>	Address	(List Month & Year)
	City/State	
<b>2</b>	Address	(List Month & Year)
	City/State	
<b>3</b>	Address	(List Month & Year)
	City/State	
<b>4</b>	Address	(List Month & Year)
	City/State	

Has the applicant(s) had a Business License of any kind revoked or suspended?  
YES      NO

If YES, please explain circumstances

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# CITY OF WIXOM EQUIPMENT CERTIFICATION FORM

**FURNACE / BOILER / MECHANICAL EQUIPMENT  
CERTIFICATION INSPECTOR MUST BE CURRENTLY LICENSED  
BY STATE OF MICHIGAN AND PROVIDE A COPY OF CURRENT  
MECHANICAL LICENSE**

### CONTRACTOR INFORMATION

MECHANICAL CONTRACTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LICENSEE NAME \_\_\_\_\_ LICENSEE # \_\_\_\_\_

CIRCLE CATEGORY:    1            2            3            4            5            6            7            8            9            10  
  A            B            C            D            E            F

PHONE # \_\_\_\_\_

REGISTERED WITH CITY - YES/NO

### OWNER INFORMATION AND LOCATION

JOB ADDRESS \_\_\_\_\_

OWNER NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### FURNACE / BOILER EQUIPMENT CONDITION

MAKE / BRAND \_\_\_\_\_ MODEL \_\_\_\_\_

SERIAL \_\_\_\_\_ C/O TEST RESULTS FLU \_\_\_\_\_ PPM

AIRSTREAM \_\_\_\_\_ PPM      HEAT EXCHANGER CONDITION \_\_\_\_\_

### CONTRACTOR CERTIFICATION

ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THE \_\_\_\_\_ FURNACE/BOILER & CONTROLS LISTED ABOVE ARE  
IN GOOD SAFE OPERATING CONDITION. I HAVE CLEANED AND CHECKED THIS  
FURNACE/BOILER.

CONTRACTOR NAME (PLEASE PRINT) \_\_\_\_\_

CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**I CERTIFY I HAVE INSPECTED THE EXISTING CHIMNEY LINER AND IT IS IN GOOD SAFE  
CONDITION.** CONTRACTOR NAME (PLEASE PRINT) \_\_\_\_\_

CONTRACTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## Employment Information

Please list business, occupation, or employment of the applicant for the three (3) years immediately preceding the date of application. Start with present or most recent employer. (List additional employers below or on a separate sheet, if necessary.)

Please Print All Information

1	Company Name	Phone
	City/State	Employed (List Month & Year) From _____ To _____
2	Company Name	Phone
	City/State	Employed (List Month & Year) From _____ To _____
3	Company Name	Phone
	City/State	Employed (List Month & Year) From _____ To _____
4	Company Name	Phone
	City/State	Employed (List Month & Year) From _____ To _____

### PROPERTY INFORMATION & CAPACITY

Please list the rooms, units, suites, or beds contained in the Rental Unit Business, specifying the dimensions of each room, the number of sanitary facilities, and the maximum number of individuals that would result in full capacity of the Rental Unit Business:

# Bedrooms -----	Garage Information -----	
# Full Bath(s) -----	Basement Information -----	
# Lav(s) -----	Max # of Occupants -----	
	Rent Amount\$. -----	

Room Name	Width	Length	Room Name	Width	Length
Master			Living Room		
Bedroom 2			Family Room		
Bedroom 3			Dining Room		
Bedroom 4			Kitchen		



## Private Well Self-Certification

Site Address:

\_\_\_\_\_

Unit #

\_\_\_\_\_

I \_\_\_\_\_, hereby certify that there **IS NOT** a well system and this property has **CITY WATER** in accordance with the laws of the State of Michigan and Oakland County.

Signature of Owner/Landlord \_\_\_\_\_ Date \_\_\_\_\_

Or

I \_\_\_\_\_, hereby certify that the well system **IS** operating in accordance with the laws of the State of Michigan and Oakland County.

Signature of Owner/Landlord \_\_\_\_\_ Date \_\_\_\_\_

## Private Septic Self-Certification

Site Address

\_\_\_\_\_

Unit #

\_\_\_\_\_

I \_\_\_\_\_, hereby certify that there **IS NOT** a septic system and this property has **CITY SEWER** in accordance with the laws of the State of Michigan and Oakland County.

Signature of Owner/Landlord \_\_\_\_\_ Date \_\_\_\_\_

Or

I \_\_\_\_\_, hereby certify that the septic system **IS** operating in accordance with the laws of the State of Michigan and Oakland County.

Signature of Owner/Landlord \_\_\_\_\_ Date \_\_\_\_\_