

# Rental Unit Business License Checklist

- ★ Rental Unit Inspection Form
- ★ \$85.00 Rental Inspection Fee
- ★ Rental Unit Business License Application
- ★ \$75.00 Application Fee
- ★ Copy of Picture ID or Driver's License of Applicant, Owner and/or Manager
- ★ Copy of Responsible Local Agent Driver's License
- ★ Employment History of Applicant
- ★ Rental Unit Business History of Applicant
- ★ Room List, Dimensions, Capacity of the Rental Unit
- ★ Private Well Self Certification
- ★ Private Septic Self Certification
- ★ Copy of General Liability Insurance
- ★ Background Check -- sent to police \_\_\_\_\_ Approved
- ★ Furnace Certification -- received \_\_\_\_\_ Approved
- ★ City Inspection Scheduled for \_\_\_\_\_ Pass or Fail
- ★ Re-Inspection Fee Paid \_\_\_\_\_
- ★ Re- Inspection Scheduled \_\_\_\_\_ Pass or Fail

Address \_\_\_\_\_

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

Please contact Monica Raddatz at 248.624.0880 or [mraddatz@wixomgov.org](mailto:mraddatz@wixomgov.org) for additional questions.

# 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 \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**Responsible Local Agent (if applicable)**

Name(s) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_  
 EMAIL \_\_\_\_\_  
 Responsible Agent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Address of Property to be certified:**

Property Address \_\_\_\_\_  
 Property ID # \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_ Lot # \_\_\_\_\_  
 Apt Complex \_\_\_\_\_ 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 \_\_\_\_\_

# 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 and \$150 fee for businesses which require life safety inspections 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 Information**

Location \_\_\_\_\_  
 Mailing Address \_\_\_\_\_

**Rental Unit Owner Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**Applicant Information**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**Local Agent**

Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**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 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 or Local Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (if applicable) \_\_\_\_\_







# 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 \_\_\_\_\_

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# 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 \_\_\_\_\_