

## INSPECTION DEPARTMENT

BUILDING  
HEATING  
PLUMBING  
ELECTRICAL  
ZONING  
SANITATION  
ENVIRONMENTAL PROTECTION  
ORDINANCE ENFORCEMENT



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(734) 466-2580  
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### RENTAL INSPECTION GUIDELINES

#### Single Family, Two Family and Multi-Family Rental Properties

The City of Livonia has recently ordained that rental dwellings shall be licensed and inspected. The code will be the Property Maintenance Code of the City of Livonia, which at this time is the BOCA National Property Maintenance Code (Fifth Edition), 1996 Edition with City Amendments.

The major thrust of this code is to protect the health, safety and welfare of the occupants. A secondary concern is to prevent blight within the City, prevent overcrowding, maintain property values and continue to make Livonia a great place to live and work.

The owners (landlords) of rental property are required to obtain a rental license and also to obtain the required Certificate of Compliance. The owners are responsible to complete (and pay for) all required repair/maintenance in a timely manner.

A rental property may not be occupied without a license and a Certificate of Compliance.

City Ordinance requires that the licenses be renewed annually or at title transfer. City Ordinance requires inspections, also, annually, at change of tenants, or at change of ownership, whichever occurs first.

The Inspection Department will respond to all questions concerning rental housing including permits, rental licenses, fees, inspections and Compliance Certificate. If you know of an unlicensed rental property or have questions, please call the **Inspection Department at (734) 466-2580**.

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Rental Inspection Guidelines

<u>Costs are as follows:</u>	Licenses	Inspections
One family	\$45.00	\$60.00
Two family	\$55.00	\$90.00
Multi family	\$55.00 per bldg. plus \$10.00 per unit over 2	\$75.00 per bldg. plus \$6.00 each unit

**Make checks made payable to the City of Livonia. ALL FEES ARE NON-REFUNDABLE AND PAYABLE AT THE TIME OF APPLICATION.**

Re-inspection Fees: \$45.00 per occurrence (ie: appointment missed or work not ready)

The aforementioned requirements are mandated by the following City of Livonia Ordinance and Sections: 5.03.030, 5.03.170(39), 5.42.020, 5.42.110, 15.32.060(PM 105.8.2) and 15.56.030(A). Copies of these Ordinances may be obtained from the City Clerk's Office.

The **PROPERTY OWNER** is responsible for both the license and the inspection. Violation(s) of the Ordinances may result in penalties.

The Housing Law of the State of Michigan, Article VII, Section 126, effective January 2, 1998, provides certain directions to inspectors, owners and tenants.

If the lease provides the owner a Right of Entry, the owner shall provide the inspector access. The owner shall notify the tenant, and schedule the inspection with the tenant.

If the lease does not provide a Right of Entry, the owners shall notify the tenant and the owner shall make a good faith effort to obtain the tenant's permission for the inspection and schedule the same.

If the owner and/or tenant refuse permission to enter, the inspector may obtain a **warrant** to enter. With a warrant or an emergency condition the inspector **may enter at any time**. The tenant may also make a complaint and request an inspection.

Revised 9/99, 1/01, 2/01, 3/02, 5/03, 1/04

**APPLICATION # \_\_\_\_\_**  
**(NOTE: LICENSE FEE IS NON-REFUNDABLE)**

**CITY OF LIVONIA**  
**33000 CIVIC CENTER DRIVE**  
**LIVONIA, MI 48154-3097**  
**734-466-2580**

**RENTAL LICENSE APPLICATION**

**BUILDING ADDRESS:** \_\_\_\_\_

**TYPE OF DWELLING** (ONE-FAMILY, TWO-FAMILY, MULTIPLE FAMILY): \_\_\_\_\_

**NO. OF BUILDINGS** (FOR MULTIPLE FAMILY ONLY) \_\_\_\_\_

**A. APPLICANT: \***

NAME: \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

APPLICANT'S INTEREST IN PROPERTY: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (PRINT CLEARLY)

**\*IF NOT OWNER OF RECORD, COMPLETE AFFIDAVIT AFTER SECTION F.**

**B. OWNER OF RECORD:**

NAME: \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

TYPE OF INTEREST (FEE SIMPLE/LAND CONTRACT): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ (PRINT CLEARLY)

IF LAND CONTRACT:

FEE SIMPLE OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

**C. IF APPLICANT IS A PARTNERSHIP, NAMES AND ADDRESSES OF ALL PARTNERS: \***

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

**D. IF APPLICANT IS A CORPORATION, NAMES AND ADDRESSES OF ALL OFFICERS, INCLUDING DRIVER'S LICENSE OF APPLICANT AND STATE OF ORIGIN: \***

**PRESIDENT:** \_\_\_\_\_ **VICE PRESIDENT:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

**SECRETARY:** \_\_\_\_\_ **TREASURER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

BUILDING ADDRESS: \_\_\_\_\_

E. **A LIST OF ROOMS**, SUITES OR BEDS, THEREIN INDICATING THE SIZE OF SUCH ROOMS, NUMBER OF BEDS IN EACH ROOM, SANITARY FACILITIES AND MAXIMUM NO. OF PERSONS TO WHOM IT IS DESIRED TO RENT SAID PREMISES WHEN AT FULL OCCUPANCY:

UNIT NO. \_\_\_\_\_ BEDROOM #1 SIZE: \_\_\_\_\_ BEDS: \_\_\_\_\_  
BEDROOM #2 SIZE: \_\_\_\_\_ BEDS: \_\_\_\_\_ BEDROOM #3 SIZE: \_\_\_\_\_ BEDS: \_\_\_\_\_  
LIVING RM SIZE: \_\_\_\_\_ DINING RM SIZE: \_\_\_\_\_ KITCHEN SIZE: \_\_\_\_\_  
TOTAL NO. FULL BATHROOMS (W/SHOWER OR TUB): \_\_\_\_\_  
TOTAL NO. HALF-BATHS: \_\_\_\_\_ TOTAL NO. OCCUPANTS: \_\_\_\_\_

UNIT NO. \_\_\_\_\_ BEDROOM #1 SIZE: \_\_\_\_\_ BEDS: \_\_\_\_\_  
BEDROOM #2 SIZE: \_\_\_\_\_ BEDS: \_\_\_\_\_ BEDROOM #3 SIZE: \_\_\_\_\_ BEDS: \_\_\_\_\_  
LIVING RM SIZE: \_\_\_\_\_ DINING RM SIZE: \_\_\_\_\_ KITCHEN SIZE: \_\_\_\_\_  
TOTAL NO. FULL BATHROOMS (W/SHOWER OR TUB): \_\_\_\_\_  
TOTAL NO. HALF-BATHS: \_\_\_\_\_ TOTAL NO. OCCUPANTS: \_\_\_\_\_

FOR ADDITIONAL UNITS, ATTACHED A SEPARATE SHEET WITH ABOVE INFORMATION.

F. **OTHER INFORMATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFADAVIT SECTION** – Non-owner applicants please complete prior to submission (including the Notary Public Section).  
I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to act on  
(Print Owner's Name) (Print Applicant's Name)  
My behalf and make this application for a rental license.  
\_\_\_\_\_  
(Owner's Signature) Dated: \_\_\_\_\_  
On this date, \_\_\_\_\_, before me appeared \_\_\_\_\_, and  
did hereby affix his/her signature thereto. (Print Name)  
\_\_\_\_\_  
(Print Notary's Name) Notary Public for \_\_\_\_\_ County  
My Commission Expires: \_\_\_\_\_  
Telephone No. \_\_\_\_\_

**RENTAL LICENSE FEES**

**FOR APARTMENT BUILDINGS:**

**# OF BUILDINGS \_\_\_\_\_ @ \$55.00 EACH = \_\_\_\_\_**

**# OF EXTRA UNITS ABOVE 2 PER BUILDING \_\_\_\_\_ @ \$10.00 EACH = \_\_\_\_\_**

**TOTAL LICENSE FEE = \_\_\_\_\_**

**RESIDENTIAL:**

**ONE FAMILY = \$45.00**

**TWO FAMILY = \$55.00**

PLEASE NOTE: INSPECTION FEES ARE IN ADDITION TO LICENSE FEES. PLEASE SUBMIT FORMS AND A CHECK, MADE PAYABLE TO THE CITY OF LIVONIA, TO THE INSPECTION DEPARTMENT. AT THAT TIME THE INSPECTION DEPARTMENT WILL SCHEDULE AN APPOINTMENT FOR THE INSPECTION.

WE ARE LOCATED IN THE ANNEX BUILDING ATTACHED TO THE NORTH END OF THE MAIN MULTI STORY CITY HALL BUILDING AT 33000 CIVIC CENTER DRIVE (FIVE MILE AND FARMINGTON ROADS). PHONE NUMBER (734) 466-2580.

Revised: 5/03, 1/04, 6/09

City of Livonia-Inspection  
33000 Civic Center Drive  
Livonia, MI 48154-3097

(734) 466 2580

Cert # \_\_\_\_\_  
Recpt# \_\_\_\_\_  
Ck Attchd ? \_\_\_\_\_yes

## APPLICATION REQUEST FOR ANNUAL RENTAL INSPECTION

LOCATION \_\_\_\_\_

### FORM TO BE FILLED OUT COMPLETELY

RENTAL:

Single Family CRSF [ ] \$105.00 (\$45.00 Lic. & \$60.00 Insp.)  
Two Family CRTF [ ] \$145.00 (\$55.00 Lic. & \$90.00 Insp.)  
MultiFamily CRMF [ ]  
# of buildings \_\_\_\_\_  
# of units in building \_\_\_\_\_

TOTAL FEE AMOUNT: = \$ \_\_\_\_\_ (Includes Lic. & Insp.)

INSPECTION REQUESTED BY:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email address: \_\_\_\_\_ (PRINT CLEARLY)

OWNER OF PROPERTY:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email address: \_\_\_\_\_ (PRINT CLEARLY)

TENANT OF BUILDING/DWELLING: (Required for Rental Inspections)

Name \_\_\_\_\_ Phone \_\_\_\_\_

INSPECTION DATE: \_\_\_\_\_ (Inspection Dept sets time after payment is rec'd.)

**[NOTE:]** Rental License for Rental Properties to be issued **AFTER** Inspection Department Approval.

Date issued: \_\_\_\_\_ By \_\_\_\_\_

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_