

# APPLICATION FOR COMMERCIAL RENTAL PERMIT

Huron Charter Township  
 22950 Huron River Dr  
 New Boston, MI. 48164  
 (734)753-4466 ext. 143  
 Fax (734)753-1246

**AN ORDINANCE TO ESTABLISH MINIMUM STANDARDS GOVERNING THE STATE OF REPAIR AND MAINTENANCE OF RESIDENTIAL OR COMMERCIAL DWELLINGS PRIOR TO RENTAL TO ESTABLISH PROCEDURES FOR REGISTERING & INSPECTING SUCH PREMISES, TO ESTABLISH SERVICE AND ADMINISTRATIVE FEES, AND TO PROVIDE A PENALTY FOR VIOLATION OF SAID ORDINANCES.**

**APPLICANT TO COMPLETE ALL ITEMS IN EACH SECTION**

**NOTE: SEPARATE APPLICATIONS MUST BE COMPLETED AND PAID FOR EACH ADDRESS/UNIT INSPECTED**

<b>I. INSPECTION ADDRESS INFORMATION</b>				
NAME		ADDRESS		
CITY	TOWNSHIP	COUNTY	ZIP CODE	PHONE #
PARCEL #				
<b>A. APPLICANT INFORMATION IF DIFFERENT FROM ABOVE</b>				
NAME		ADDRESS		
CITY	STATE	ZIP CODE	TELEPHONE NUMBER	
<b>II. BUILDING USE</b>				
INDUSTRIAL <input type="checkbox"/>	RETAIL <input type="checkbox"/>	OFFICE SPACE <input type="checkbox"/>	SERVICE INDUSTRY <input type="checkbox"/>	OTHER <input type="checkbox"/>
<p>➔ <b>APPLICANT MUST PROVIDE THE BUILDING DEPT. WITH A COPY OF A CARBON MONOXIDE TEST COMPLETED BY A LICENSED CONTRACTOR</b></p> <p>➔ <b>RESULTS MAY TAKE UP TO SEVEN BUSINESS DAYS</b></p> <p>➔ <b>OTHER INSPECTIONS MAY BE REQUIRED BY FIRE DEPT AND/OR WATER DEPT.</b></p> <p>➔ <b>BUILDING IS NOT TO BE OCCUPIED WITHOUT A CERTIFICATE OF OCCUPANCY</b></p>				
SIGNATURE OF APPLICANT: _____				

**Do Not Write Below This Line**

<b>VII. VALIDATION - FOR DEPARTMENT USE ONLY</b>	
APPROVAL SIGNATURE	
TITLE	DATE

The Township of Huron will not discriminate against any individual or group because of Race, sex, religion, age, national origin, color, marital status, handicap or political beliefs