



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 fill out address, 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(s): Phone:
Address:
City: State: Zip:

Authorized Agent Section

Name(s): Phone:
Address:
City: State: Zip:

Mortgage Holder Section

Name(s): Phone:

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

I/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 fascia proof of the statements in any administrative enforcement or court proceeding instituted by the Township against the owner or owners of the dwelling.
2. I/We understand that it is illegal to operate a rental unit, within Lincoln Charter Township, without a Rental Certificate. I/We also understand that failure to comply or provide accurate information will result in legal actions and fines.
3. I/We understand by designating an authorized agent, I/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. I/We understand that I/we must file an amended registration statement within ten (10) business days, of any changes in the registration statement.
5. I/We understand that I/We are responsible for ensuring that the rental of my property complies with all homeowner or subdivision association restrictions.

Signature

Date