Rental Occupancy Permit Application

Rental Unit Street Address _____

Owner

Name _____ Home Phone _____ - _____ - _____

Address _____ Work Phone _____ - _____ - _____

City _____ State_____ Zip _____

Occupant (lessee)

Name _____ Home Phone _____ - _____ - _____

Address _____ Work Phone _____ - _____ - _____

City _____ State_____ Zip _____ Length of Lease_____

Age of Rental Unit _____ Number of Stories _____ Number of Bedrooms _____

Sewer System	Water Source
☐ On Site	☐ On Site Well
☐ Community	☐ Community Well
☐ Public	☐ Public

* Permit Fee shall be payed when this application is submitted.
* Within 5 days of filing application, a time for inspection shall be scheduled with a township inspector.

DO NOT WRITE BELOW THIS LINE

Fee Due _____ Fee Payed _____

Date Application Submitted _____ Received by _____

Date Inspection Scheduled _____ Scheduled With _____

For _____ (Inspector) At _____ (Time) On _____ (Date)

Was unit occupied at time of inspection ☐ Yes ☐ No

Inspection Status ☐ Denied ☐ Approved ☐ Seperate Record Sheet- File Name _____

Notice of violation sent _____

Deadline for corrections _____

Follow up inspection Scheduled _____

For _____ (Inspector) At _____ (Time) On _____ (Date)

Inspection Status ☐ Denied ☐ Approved

Start Seperate Record Sheet - Filename _____

Date Approved _____

Date Permit Issued _____ By _____