



## Application for Rental or Leased Certificate of Compliance

Applicant to Complete All Items in Sections I, II, III, IV, and V

**Note: Separate Applications may be required for Plumbing, Mechanical, and Electrical Work Permits**

| I. PROJECT INFORMATION  |  |  |                      |          |
|---|--|--|----------------------|----------|
| PROJECT NAME  |  | ADDRESS  |                      |          |
| TOWNSHIP<br>Green Oak Charter Township  | PARCEL ID #  | LOT #/SUBDIVISION                                | COUNTY<br>Livingston | ZIP CODE |
| BETWEEN   |  | AND  | ZONING               |          |
| II. IDENTIFICATION  |  |  |                      |          |
| A. OWNER OF PROPERTY  |  |  |                      |          |
| NAME  |  | ADDRESS  |                      |          |
| CITY  | STATE  | ZIP CODE   | TELEPHONE NUMBER     |          |
| DRIVERS LICENSE NUMBER  |  | EXPIRATION DATE                                  |                      |          |
| As owner of record of the above referenced property, I hereby make application for registration of a rental or leased building for said property, pursuant to Sec. 38-45 of the Green Oak Charter Township Code of Ordinances, and I hereby authorize a designated employee or agent of the Township to inspect the property in accordance with the said Ordinance. |  |  |                      |          |
| SIGNATURE OF PROPERTY OWNER or DESIGNEE:  |  |  |                      |          |
| B. LESSEE   |  |  |                      |          |
| NAME  |  | ADDRESS  |                      |          |
| CITY  | STATE  | ZIP CODE   | TELEPHONE NUMBER     |          |
| DRIVERS LICENSE NUMBER  |  | EXPIRATION DATE                                  |                      |          |
| SIGNATURE OF PROPERTY LESSEE:   |  |  |                      |          |
| III. TYPE OF BUSINESS (Please describe, in detail, the type of business proposed for occupancy):  |  |  |                      |          |
|   |  |  |                      |          |
|   |  |  |                      |          |
|   |  |  |                      |          |
| IV. DURATION OF LEASE   |  |  |                      |          |
| FROM (DATE):  |  | TO (DATE):                                       |                      |          |
| *** PLEASE NOTIFY TOWNSHIP IF VACATED ***   |  |  |                      |          |
| V. PROPOSED USE OF BUILDING   |  |  |                      |          |
| A. TYPE OF SEWAGE DISPOSAL  |  |  |                      |          |
| <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY  |  | <input type="checkbox"/> SEPTIC SYSTEM           |                      |          |
| B. TYPE OF WATER SUPPLY   |  |  |                      |          |
| <input type="checkbox"/> PUBLIC OR PRIVATE COMPANY  |  | <input type="checkbox"/> PRIVATE WELL OR CISTERN |                      |          |
| C. NUMBER OF OFF STREET PARKING SPACES  |  |  |                      |          |
| ENCLOSED _____  |  | OUTDOORS _____                                   |                      |          |
| VI. LOCAL GOVERNMENTAL AGENCY TO COMPLETE THIS SECTION  |  |  |                      |          |
|   | APPROVED   | DATE   | BY                   |          |
| A - ZONING ADMINISTRATOR  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                      |          |
| B - FIRE INSPECTOR  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                      |          |
| C - BUILDING OFFICIAL   | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                      |          |
| D - ADDITIONAL PERMITS REQUIRED:  | <input type="checkbox"/> YES <input type="checkbox"/> NO |  |                      |          |