City of Algonac

805 St. Clair River Drive, PO Box 454, Algonac, MI 48001. 810-794-9361. www.cityofalgonac.org.

Rental License Application

| 1. DESCRIPTION OF REN | TAL | | |
|-------------------------------------------------------------------------|--------------------------|-------------------------------------|-----------------------------------------------------------------|
| ☐ Single Family or ☐ Mu | lti-Family Name of N | Multi-Family Development | No. of Units |
| Rental Address | | | |
| | | | |
| 2. RENTAL OWNER | | | |
| Name | | Street Address _ | |
| City | State | Zip Code | Cell Phone |
| Home Phone | | Email Address | i |
| 3. TENANT OR OWNER A | AGENT, IF APPLICA | BLE | |
| Name | | Street Address | |
| City | State | Zip Code | Cell Phone |
| Home Phone | | Email Address | i |
| 4. SIGNATURE REQUIRE | D | | |
| All the information provided | with this application is | true and correct, to the be | est of my knowledge and belief. |
| Applicant Signature: | | | Date: |
| 5. REQUIRED | | | |
| | • | nnual fee, expires one yea | r from issue date. |
| Single Family Rental ISingle Family Rental F | • | | nto. |
| Single ramily Kentai r | registration LATE FEI | E: \$25. For each 30 days is | ate. |
| • | J | \$50 per unit. Expires one | • |
| | • | :: \$25. For each 30 days la | 6 to 11 units. \$500 12+ units. te, <u>per unit</u> . |
| Dhoto come of drive | wa lisansa waxuiwad | l for all applications | |
| ☐ HVAC inspection rep | - | for all applications. d contractor. | |
| ☐ Infill & Infiltration r | - | | |