



**APPLICATION FOR NON-OWNER OCCUPIED CERTIFICATE**  
 City of Hamtramck  
 3401 Evaline  
 Hamtramck, MI 48212  
 (313) 800-5233 Ext. 296

**NON-OWNER OCCUPIED PROPERTY ADDRESS:** \_\_\_\_\_

**TENANT:** \_\_\_\_\_ **PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**OWNER(S) OF PROPERTY:\*** **RESPONSIBLE PARTY:\*\*** Same as owner

Name: _____	Name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Driver's Lic. #: _____	Driver's Lic. #: _____
Date of Birth: _____	Date of Birth: _____

- \* List additional owner's information on separate sheet and attach.
- \*\* Responsible party must be a Michigan resident and live within fifty (50) miles of Hamtramck. All correspondence is sent to the responsible party.

<p><b><u>HOUSES ONLY:</u></b></p> <p>One Family <input type="checkbox"/></p> <p>Two Family <input type="checkbox"/></p> <p>Certificate Fee:* \$ _____</p>	<p><b><u>MULTI-FAMILY:</u></b></p> <p>No. of Buildings: _____</p> <p>No. of Apartments per Building: _____</p> <p>Total number of Apartments: _____</p> <p>Certificate Fee: \$ _____</p>
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\* I hereby certify that I am entitled to a waiver of inspection and fees as the property herein described is my residence and any additional unit is occupied by my:

- |                                 |                                 |                                  |                                   |
|---------------------------------|---------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Son     | <input type="checkbox"/> Daughter |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Sister | <input type="checkbox"/> Brother |                                   |

I further understand that I may be required to provide proof of the relationship.

The correct certificate fee must accompany this application. Upon inspection and approval by the Building Department, a certificate will be issued. It is violation of the Ordinance not to notify this Department of a change in ownership or contact information.

**Correspondence, correction notices and courtesy renewal notices are sent by e-mail. You must provide a valid e-mail address.**

E-mail address \_\_\_\_\_

**By signing this application I certify that I have read and understand the above and that all information is true to the best of my knowledge and I agree to e-mail notifications.**

Signed by:  
 OWNER: \_\_\_\_\_ RESPONSIBLE PARTY: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Expiration Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Clerk: \_\_\_\_\_ Cert. #: \_\_\_\_\_