



Community & Economic Development
 300 East Nine Mile Road
 Ferndale MI 48220
 248.546.2366
 www.ferndalemi.gov

STR# _____

APPLICATION FOR REGISTRATION OF SHORT TERM RENTAL UNIT

PLEASE PRINT LEGIBLY AND FILL OUT COMPLETELY; INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Property Address _____ Sidwell _____ E-Mail _____

Owner's Full Name _____ Date of Birth / / Driver's License # or Michigan ID# or (State)
 If Corporate, Tax ID# _____

Owner's Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Manager or Legal Agent _____ Work Phone _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

LIST OF OWNER'S PROPERTIES WITHIN THE CITY OF FERNDAL E OFFERED FOR RENT / LEASE (Attach separate list, if necessary)

Address _____

Address _____

Address _____

Address _____

Fee Schedule:

_____ \$200 Per 12 Month License Cycle

I hereby apply for a Short Term Rental License under Ordinance No. 1258, Chapter 7, Article VII, and do certify that the above information is correct and true and that I am the LEGAL OWNER or LEGAL MANAGER / AGENT (i.e. power of attorney) of the premises at the above location.

Applicant's Signature _____ (Owner Manager) _____

For Office Use Only

Application: _____ Sent _____ Due _____ Received _____

Final Inspection: _____ Date _____ Time _____

Initial Inspection: _____ Date _____ Time _____

Reschedule: _____ Date _____ Time _____

Reschedule: _____ Date _____ Time _____

\$50 Fee Req'd: Y / N _____ Due: _____ Recv'd: _____

\$50 Fee Req'd? _____ Y / N _____ Due _____ Received _____

Approved: _____

Vios Due: _____ Sent _____ Due _____

Date: _____

Notice of Violation
 Sent _____ Due _____
 Sent _____ Due _____
 Sent _____ Due _____

Ticket # Issued
 1st _____
 2nd _____
 3rd _____