

*City of Romulus*  
Department of Building & Safety  
12600 Wayne Road  
Romulus MI 48174  
734-942-7550  
[building@romulusgov.com](mailto:building@romulusgov.com)

**APPLICATION FOR INSPECTION AND REGISTRATION OF RENTAL PROPERTIES**

Date \_\_\_\_\_

Address of rental Property \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Date of rental unit's last certificate of occupancy \_\_\_\_\_

Single Family Dwelling                       Multiple Family Dwelling-Number of Units \_\_\_\_\_

Commercial/Industrial Dwelling                      Number of Buildings \_\_\_\_\_ Number of Units \_\_\_\_\_

Type of Ownership                       Individual                       Partnership                       Corporation

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**A. APPLICANT – RESPONSIBLE LOCAL AGENT (Must be a resident of Wayne County)**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone #s \_\_\_\_\_

Driver's License # or State I.D. (attach copy) \_\_\_\_\_

Email Address \_\_\_\_\_

**B. OWNER OF RECORD (if owner is a partnership, LLC or corporation names and addresses of all partners and/or officers is required. A separate sheet may be attached.)**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone #s \_\_\_\_\_

Driver's License # or State I.D. (attach copy) \_\_\_\_\_

Email Address \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone #s \_\_\_\_\_

Driver's License # or State I.D. (attach copy) \_\_\_\_\_

Email Address \_\_\_\_\_

**C. LESSEE INFORMATION**

Name \_\_\_\_\_ Telephone # \_\_\_\_\_

**FEES:**

**INSPECTION FEE - \$210.00 (multi-tenant structures - \$210.00 for the 1<sup>st</sup> unit, \$50.00 each additional unit)**

**REGISTRATION FEE - \$150.00**

Inspection fees are in addition to registration fees. Please submit forms and a check made payable to the City of Romulus, to the Department of Building & Safety. At that time, an inspection shall be scheduled. The Department of Building & Safety is located at 12600 Wayne Road, Romulus MI 48174 office hours are Monday – Friday 8:00 a.m.-4:00 p.m., telephone # 734-942-7550.

- I acknowledge that the information, contained in this application is true and,
- I have obtained a copy of the housing quality standards from which my property will be expected to comply in order to be issued a rental certificate.
- I understand that all rental properties located within the City of Romulus are required to be registered every five (5) years and failure to register would constitute a violation of City Ordinance.
- I acknowledge that the inspection fee paid includes an initial and a final inspection and that if the inspector is locked out of the unit a \$49.00 reinspection fee will be due prior to any further inspections. There may be a \$49.00 reinspection fee charged if all repairs are not corrected on the final inspection.
- **Means of appeal of denial, suspension or revocation of certificate of compliance is stated in the City of Romulus Code of Ordinances, Chapter 8, Article VII, Section 8-248 (Ordinance No. 2017-021). Romulus Code of Ordinances is located on our website: romulusgov.com or you may obtain a copy by contacting the City of Romulus Department of Building & Safety at 734-942-7550.**

**OWNER/AGENT AFFIDAVIT**

**THE UNDERSIGNED** is the owner and/or owner's agent responsible for the rental property located at:

\_\_\_\_\_, \_\_\_\_\_  
Address Parcel Tax ID#

\_\_\_\_\_  
Signature of Affiant or Owner Print Name

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
A Notary Public in and for \_\_\_\_\_ County, Michigan.

\_\_\_\_\_  
Notary Public Signature  
My Commission expires \_\_\_\_\_, 20\_\_\_\_\_.

**CITY OF ROMULUS**  
**DEPARTMENT OF BUILDING & SAFETY**  
**12600 WAYNE, ROMULUS MI 48174**  
**734-942-7550; www.romulusgov.com**

**RENTAL STANDARDS**

ADDRESS: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_

<b>BUILDING – EXTERIOR</b>	
<u>Repair</u> <u>OK</u>	<u>Repair</u> <u>OK</u>
<input type="checkbox"/> <input type="checkbox"/> Broken windows	<input type="checkbox"/> <input type="checkbox"/> Defective chimney above roofline
<input type="checkbox"/> <input type="checkbox"/> Damaged or leaking roof gutters and/or conductors	<input type="checkbox"/> <input type="checkbox"/> Rotted, broken or missing steps or porch members
<input type="checkbox"/> <input type="checkbox"/> Dilapidated sheds or garages on property	<input type="checkbox"/> <input type="checkbox"/> Fireplace
<input type="checkbox"/> <input type="checkbox"/> Debris rubbish, etc. including inoperable automobiles in yard	<input type="checkbox"/> <input type="checkbox"/> Deterioration of wood trim, damaged siding, etc.
<input type="checkbox"/> <input type="checkbox"/> Badly cracked masonry, tuck pointing required	<input type="checkbox"/> <input type="checkbox"/> Drive way or service walk/City sidewalk
<b>BUILDING – INTERIOR</b>	
<u>Repair</u> <u>OK</u>	<u>Repair</u> <u>OK</u>
<input type="checkbox"/> <input type="checkbox"/> Damaged floor, roof or ceiling joists, roof trusses, or rafters	<input type="checkbox"/> <input type="checkbox"/> Defective or rotted flooring, particularly in _____ (Specify Area)
<input type="checkbox"/> <input type="checkbox"/> Defective interior stairs, handrails, etc.	<input type="checkbox"/> <input type="checkbox"/> Evidence of leaking roof
<input type="checkbox"/> <input type="checkbox"/> Defective vent pipe on water heater or furnace	<input type="checkbox"/> <input type="checkbox"/> Living quarters in basement area <input type="checkbox"/> Allowed <input type="checkbox"/> Not Allowed
<input type="checkbox"/> <input type="checkbox"/> Defective or missing fire doors, hardware, fusible links, etc.	<input type="checkbox"/> <input type="checkbox"/> Damaged plaster, drywall or bath tiles
<input type="checkbox"/> <input type="checkbox"/> Peeling paint	
<b>PLUMBING</b>	
<u>Repair</u> <u>OK</u>	<u>Repair</u> <u>OK</u>
<input type="checkbox"/> <input type="checkbox"/> Leaking pipes	<input type="checkbox"/> <input type="checkbox"/> Leaking or defective fixtures
<input type="checkbox"/> <input type="checkbox"/> Inoperative flushing mechanisms in water closet tanks	<input type="checkbox"/> <input type="checkbox"/> Vacuum breakers installed on hose bibs or laundry tubs
<input type="checkbox"/> <input type="checkbox"/> Drain stoppages	
<b>HEATING</b>	
<u>Repair</u> <u>OK</u>	<u>Repair</u> <u>OK</u>
<input type="checkbox"/> <input type="checkbox"/> Gas lines properly support and/or cap gas lines	<input type="checkbox"/> <input type="checkbox"/> Registers in place and free from defect
<b>Furnace must be certified by a mechanical contractor licensed in the State of Michigan and registered with the City of Romulus; valid for six (6) months. Heating form/receipt date _____</b>	
<b>ELECTRICAL</b>	
<u>Repair</u> <u>OK</u>	<u>Repair</u> <u>OK</u>
<input type="checkbox"/> <input type="checkbox"/> All lights must be in good working condition (globes, lenses & bulbs)	<input type="checkbox"/> <input type="checkbox"/> Fuse boxes and panels shall be accessible and free of dust and dirt, and cannot be placed in bathroom or closet
<input type="checkbox"/> <input type="checkbox"/> All receptacles must be clean of paint and in good working condition and GFI by sinks	<input type="checkbox"/> <input type="checkbox"/> Smoke detectors shall be operable, able to be tested attached to a ceiling and have covers attached. Smoke detectors should be in every bedroom on each floor & carbon monoxide detectors outside bedroom hallway

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cited corrections and re-inspection must be completed by:**  **Call 734-942-7550 to Schedule Inspection**

**Permits required:**     Building     Plumbing     Mechanical     Electrical

**No Violations found. Recommend 5 year certificate of compliance with furnace report.**

\_\_\_\_\_  
**Date of 1<sup>st</sup> Inspection**

\_\_\_\_\_  
**Date of Compliance**

\_\_\_\_\_  
**Inspector**

\_\_\_\_\_  
**Inspector**