

City of Bay City  
Rental Housing Services  
301 Washington Avenue  
Bay City, MI 48708-5866  
Telephone: (989) 894-8162

**INDIVIDUAL**

**APPLICATION FOR RENTAL DWELLING REGISTRATION**

1. Rental address: \_\_\_\_\_
2. Number of units: \_\_\_\_\_
3. Number of off-street parking spaces provided: \_\_\_\_\_
4. Use of building:    \_\_\_ Rental Dwelling   \_\_\_ Hotel Motel   \_\_\_ Bed & Breakfast  
                          \_\_\_ Rooming House   \_\_\_ Other (specify) \_\_\_\_\_

Name(s) of property owner: _____ Mailing address: _____ Telephone: Home: _____ Cell: _____ Email address: _____
Identification: Driver's license number: _____ Date of Birth: _____

PROPERTY MANAGER IS REQUIRED IF OWNER LIVES OVER 50 MILES FROM RENTAL.
Name of property manager: _____ Mailing address: _____ Telephone: Home: _____ Cell: _____ Email address: _____
Identification: Driver's license number: _____ Date of Birth: _____

I hereby certify that I am the owner for the above rental property. Application is hereby made for Rental Dwelling Registration. I understand that Chapter 26 of the Bay City Code of Ordinances requires periodic inspection of rental properties and the payment of inspection fees.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Owner)

NOTE: RENTAL DWELLINGS MUST BE IN COMPLIANCE WITH THE BAY CITY ZONING ORDINANCE  
**NOTE: ALL INFORMATION REQUESTED ABOVE IS REQUIRED TO BE PROVIDED  
PRIOR TO APPROVAL OF APPLICATION.**

Zoning Approval by: \_\_\_\_\_ Date: \_\_\_\_\_