



**Rental Registration/Inspection Form**  
**Fee \$75.00 Per Unit**

I hereby give permission to officials from St. Joseph Charter Township to enter my Rental Apartment/Home for the purpose of conducting a rental inspection.

Name of Owner/ Agent: \_\_\_\_\_

Owner/Agent Address: \_\_\_\_\_

\_\_\_\_\_

Name of Lessee: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Name and Phone Number of Person To Contact to Schedule Inspection:

\_\_\_\_\_

Signature of Owner: \_\_\_\_\_

**OFFICE USE ONLY:**

# Of Units: \_\_\_\_\_

Parcel #: \_\_\_\_\_

Max # of Occupants	Reinspection

Inspected by: \_\_\_\_\_  
Name Date

Please make checks payable to St. Joseph Charter Township  
You may mail to P.O. Box 147 St. Joseph, MI 49085



## Rental Inspection Form

Ok	V	Inspector Comments, if V-violation found and requires correction
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### Smoke Detectors

Outside Sleeping Area			
Bedroom 1			
Bedroom 2			
Bedroom 3			
Bedroom 4			
Basement/ Other Level			

### Interior Finish

Holes/Breaks			
Trip Hazards-floor/stairs			
Handrails			
Infestation			

### Egress

Basement bedrooms			
Other bedrooms			
Openable windows			
Exits doors function properly			

### Mechanical

Relief ext. on water heater			
Clearance around furnace			

### Electrical

GFCI within 6' of water			
Power cord misuse			
Covers on all boxes			
Service panel accessible			

### Exterior

Junk/Debris			
Guard/handrail			
Peeling paint			
Screens for windows			
Other			