



Rental Registration / Inspection Form

Fee \$75.00 Per Unit

(a unit is each separate rentable space within a building)

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.

Rental Information

Renter Name:	
Rental Street Name and #:	
Rental City, State, & Zip	
Code: Renter Phone Number:	

Owner/Agent Information

Owner/Agent Name:	
Owner/Agent Street Number:	
Owner/Agent City, State, & Zip Code:	
Owner/Agent Phone Number:	

Check the box for whom to contact to schedule the inspection:

Owner/Agent Renter

Signature of Owner: _____

OFFICE USE ONLY:

Max # of Occupants	Reinspection Required

Inspected by: _____

Name

Date

Please make checks payable to: St. Joseph Charter Township
 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			

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