

HOME OCCUPATION FORM

City of Lansing, Code Compliance Office, 316 N. Capitol Ave., Lansing, MI 48933-1238 (517) 483-4361

The Owner/Manager is responsible for scheduling all required inspections. Call (517) 483-4361 to schedule.

Lack of inspection can lead to fines, vacating the property and other penalties. Completing this form does not finish the registration process.

Fill out items 1-8 completely. PLEASE PRINT

1. New Registration <input type="checkbox"/> New Owner <input type="checkbox"/> Change of Address, etc. <input type="checkbox"/> Date: _____		
2. Property Address: _____ <small>NUMBER N S E W STREET NAME & Ave, Ct, Sq, Dr, Row, Way, Place, Circle St, Blvd, Lane, Etc</small>	3a. Single Building <input type="checkbox"/> (Check One) Single Family Dwelling <input type="checkbox"/> Duplex <input type="checkbox"/> Owner Occupied Y N (circle one) 3 or More Units <input type="checkbox"/> Boarding House <input type="checkbox"/> Residential Care Facility <input type="checkbox"/>	
IS THIS A RENTAL PROPERTY YES/NO (Please circle yes or no) If property is non home owner occupied please fill out box 5 also		
4. Owner(s) Name(s): _____ Business Name: _____ <small>(If applicable)</small> Mailing Address: _____ <small>(Do NOT give PO Box)</small>	5. Property Owner/Agent/Lessor Name(s): _____ Business Name: _____ <small>(If applicable)</small> Mailing Address: _____ <small>(Do NOT give PO Box)</small>	
Phones: Day (_____) _____ Ext _____ / Evening (_____) _____ Ext _____ Phones Emergency: (if different from above) (_____) _____ Ext _____ Phones: Cell (_____) _____ / Fax (_____) _____ Ext _____ E-mail address _____	Phones: Day (_____) _____ Ext _____ / Evening (_____) _____ Ext _____ Phones Emergency: (if different from above) (_____) _____ Ext _____ Phones: Cell (_____) _____ / Fax (_____) _____ E-Mail address _____	
6. No. of Guest Rooms _____ No. of Efficiency Units _____ No. of 1 Bedroom Units _____ No. of 2 Bedroom Units _____ No. of 3 Bedroom Units _____ No. of 4 or More Bdrm Units _____ TOTAL NO. OF UNITS: _____	7. Send Correspondence / Billings to: Owner / Agent (Circle One) Contact for Inspection Appointment: Owner / Agent (Circle One)	Office Use Only PLEASE SEND FEES WITH THIS APPLICATION Make checks payable to: CITY OF LANSING Registration Fee Due: _____ Inspection Fee Due: _____ TOTAL AMOUNT DUE: _____

If this is a NEW REGISTRATION, an inspection is required *immediately*. Payment and the Registration form must be received before and inspection can be scheduled. The responsible party must contact (517) 483-4361 to schedule the inspection. If statements made in the document are found to be inaccurate By the Zoning, Code Compliance or any other City of Lansing Department, the responsible party will be liable for unpaid fees and/or other consequences.

8. I do hereby swear or affirm that all statements made by me in this application are correct to the best of my knowledge.

Signature of Responsible party _____ **Date** _____ **Signature Owner** _____ **Date** _____

For Office Use Only: Rec'd by: _____ Area #: _____ Entered by: _____ To Zoning: _____
White – Office Copy Yellow – Inspector's Copy Pink-Owner's Copy Revised 03/23/2017