



# City of Allen Park BUILDING DEPARTMENT

15915 SOUTHFIELD ROAD  
ALLEN PARK, MICHIGAN 48101-2599  
PHONE: 313-928-4441 FAX: 313-928-1764  
www.cityofallenpark.org

## Apartment Registration

Apartment Street Address: \_\_\_\_\_

Registration, renewal and inspection shall be filed within the Building Department within thirty (30) days of, assuming ownership or control of the property, or the expiration of current Certificate of Compliance. If registering by mail, please send a self-addressed, stamped envelope so we can mail the paid receipt back to you. For online payments only, email application to [building@cityofallenpark.org](mailto:building@cityofallenpark.org). A legible copy of the owner's driver's license is required. Owners must fill out the application when assigning a new property manager. Fill out the following application completely.

### Owner Information

Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Property Management Information

Agent Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Business License #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Apartment Information

Number of Buildings: \_\_\_\_\_ x\$100 = \$ \_\_\_\_\_

Number of Units: \_\_\_\_\_ x\$40 = \$ \_\_\_\_\_

} + } = Total Cost: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Approval: \_\_\_\_\_ Date Expires: \_\_\_\_\_ Citation Issued: \_\_\_\_\_

[Check here to pay online.](#)