



Community Planning and Development
415 Stockbridge Avenue
Kalamazoo, MI 49001
PH: (269) 337-8026
FAX (269) 337-8513
www.kalamazoo.org

PRE-SALE INSPECTION FOR RESIDENTIAL RENTAL PROPERTY

Size of Building: ___ Single Family ___ Two Family ___ Multi-Family (No. of units ___)
FEE: Payable in advance of the inspection: \$_____ per dwelling unit

I, _____ request an inspection of residential property at
(applicant name, please print)
_____ for purposes of determining its qualifications
(street address, please print)

for Certification as a Residential Rental Property under the current Housing Code, Chapter 17, of the City of Kalamazoo Code of Ordinances.

OWNER/OWNER'S AGENT PERMISSION (REQUIRED):

I, the (legal agent for/owner of) the property at the street address noted above, do hereby authorize the City of Kalamazoo, to enter upon and in the said property for the purposes of the requested inspection.

DISCLAIMER: We (both owner and applicant) understand this is a visual inspection only for minimum housing quality standards and that every effort will be made to provide a complete list of list of deficiencies necessary to bring the property into compliance. However, it is also our understanding that the property may have technical violations of the current Building, Electrical, Plumbing and/or Mechanical Codes contained in Chapter 9, Building Regulations, of the City of Kalamazoo Code of Ordinances, which may not be identified by this inspection, but which, if discovered later, may have to be corrected prior to occupancy as a rental.

Property Owner/Agent Signature _____ Date _____

Please Print Name: _____

I do do not want a copy of the report. Email: _____

Signature of Applicant: _____ Date _____

Address: _____

Phone No. _____ Cell: _____

Please email the report to: _____

I will pick up the report. Please call me when report is ready.

Please mail report to _____

Office Use Only:

Received _____ Assigned Inspector _____ Date _____