

# CITY OF IRONWOOD

213 S. Marquette Street  
Ironwood, Michigan 49938



Telephone: (906) 932-5050  
FAX: (906) 932-5745

## CHAPTER 100-HOUSING REGULATIONS NOTICE OF REGISTRATION FOR CERTIFICATE OF REGISTRATION

ADDRESS OF PREMISE TO BE INSPECTED: \_\_\_\_\_

INDICATE NUMBER OF APARTMENTS IN STRUCTURE: \_\_\_\_\_

INDICATE NUMBER OF SLEEPING ROOMS OTHER THAN APARTMENTS: \_\_\_\_\_

OWNERS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

NAME OF AGENT (IF APPLICABLE): \_\_\_\_\_

MAILING ADDRESS OF AGENT: \_\_\_\_\_

PHONE (HOME): \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

\_\_\_\_\_  
DATE: \_\_\_\_\_

SIGNATURE OF OWNER/AGENT

FEES: \$25 per apartment (dwelling unit)  
DUE PRIOR TO INITIAL INSPECTION APPOINTMENT

\$10 per apartment (dwelling unit)  
DUE PRIOR TO RE-INSPECTION APPOINTMENT

IT IS THE OBLIGATION OF THE ABOVE SIGNED OWNER/AGENT TO NOTIFY  
THIS DEPARTMENT OF ANY CHANGES IN ANY OF THE ABOVE INFORMATION.

INSPECTORS ASSIGNED: \_\_\_\_\_

DATE AND TIME OF INSPECTION: \_\_\_\_\_ AM/PM

DATE OF REINSPECTION IF REQUIRED: \_\_\_\_\_ AM/PM