



Multiple Dwelling & Rooming Houses Application

Location: _____
Name and Location of Multiple Unit

Owner Information:

Name: _____
Address: _____
City, State, Zip Code: _____
Home/Office Phone Number: _____
Email: _____

P.O. Box _____
Check box if you wish to receive mail at PO Box instead of address

Maintenance Information:

Contact Name: _____
Contact Number: _____

Responsible Party/Agent Information: (where letters and billing are sent)

Name: _____
Address: _____
City, State, Zip Code: _____
Home/Office Phone Number: _____
Email: _____

P.O. Box _____
Check box if you wish to receive mail at PO Box instead of address

Fee:
\$20.00 per apartment/dwelling unit inspection, including common areas.

Drop off or mail to:
City of Troy
Planning Department
500 W. Big Beaver Rd
Troy, MI 48084-5254

OR email application to: Kathleen.Thursam@troymi.gov

Signature of Owner or Agent _____ Date: _____

Print Name _____