New Application ☐
Renewal ☐
September 2012

VACANT PROPERTY REGISTRATION AND MAINTENANCE

CITY OF EASTPOINTE – BUILDING DEPARTMENT
23200 Gratiot Avenue
Eastpointe, Michigan 48021
586-445-5010
www.cityofeastpointe.net

Application is hereby made for registering the vacant residential or commercial building and all accessory buildings or structures located on:

Property Address _____Lock Box Code_____

Type of Building _____

Accessory Buildings _____

Property Owner Name: _____

Property Owner Address _____
Number Street City State Zip

Phone # _____Email Address _____

Fax # _____ Cell Phone # _____

Drivers License # _____ Date of Birth _____

Name of Property Manager _____

Address _____
Number Street City State Zip

Contact Person: _____

Phone # _____Email Address _____

Fax # _____ Cell Phone # _____

Date structure became vacant: _____

Reason for the Vacancy: _____

Do you intend to have the building and premises reoccupied? _____

Do you intend to have the building(s) demolished? _____

Further Information _____

Affidavit of Owner

I hereby certify that the above information and answers are correct and true; that I am the legal owner of the premises at the above location. I have been provided with a copy of this application and a copy of the ordinance 1031 and I am familiar with the provisions set forth in the ordinance.

Further, I hereby agree that the Director or her designee shall be permitted to inspect the interior and exterior of the above described property at a pre-determined time within the next 14 days **and** prior to re-occupancy of the structure. The structure is not to be occupied until a certificate of compliance is issued by the building department.

State of Michigan
County of Macomb

_____
Owner

Subscribed and sworn to before me this _____ day of _____, 20_____.

Commission expires _____

_____
Notary Public

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City's Selection of Application:

Registration Approved by: _____ Date _____

Copy of Drivers License attached _____

Date application received _____ Registration Expires _____

Schedule 1st inspection _____Payment received _____

Comments:

_____

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