



## VACANT PROPERTY REGISTRATION AND MAINTENANCE

CITY OF EASTPOINTE – BUILDING DEPARTMENT

23200 Gratiot Avenue

Eastpointe, Michigan 48021

586-445-5010

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 intent to have the building(s) demolished? \_\_\_\_\_

Further information \_\_\_\_\_

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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 Section of Application:

Registration Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Clerk's name

Copy of Drivers license attached \_\_\_\_\_

Date application received \_\_\_\_\_ Registration Expires: \_\_\_\_\_

Schedule 1<sup>st</sup> inspection \_\_\_\_\_ Payment received \_\_\_\_\_

Comments: