

Vacant Property Registration and Maintenance Compliance Permit Application

CHARTER TOWNSHIP OF CANTON
DEPARTMENT OF MUNICIPAL SERVICES
BUILDING AND INSPECTION SERVICES
1150 S. Canton Center Road, Canton, MI 48188 • 734/394-5200

Administrative Fee \$ 115.00

Address of Abandoned/Vacant Property: _____ Phone: _____

Parcel's Tax Identification Number: _____

Single Family Dwelling: _____ Multi-Family Dwelling: _____ Number of Units: _____

Commercial Dwelling: _____

Owner's Name: _____ Driver's License No.: _____

Corporation Name: _____

Owner's Address: _____

Owner's Mailing Address: _____

Phone: _____ E-Mail _____

Fax: _____

Property Manager / Emergency Contact **CHECK HERE IF SAME AS ABOVE**

Company Name: _____

Agent's Name: _____

Agent's Address: _____

Agent's Phone: _____ Fax: _____

E-Mail Address: _____

The undersigned hereby makes application for registration for compliance under Canton Township Vacant Property Registration and Maintenance Ordinance Chapter 79. The applicant understands that such Compliance Permit may be revoked as provided by law in case of violation of such law and the enforcing officials shall be permitted to inspect the dwelling and property listed herein. I hereby certify that this application contains a true and complete listing of the information requested herein. I agree to immediately notify the Charter Township of Canton of any changes to the information listed in this application.

Signature of Owner: _____ Print Name: _____ Date: _____

UTILITIES AFFIDAVIT

STATE OF MICHIGAN)

)ss.

COUNTY OF WAYNE)

THE UNDERSIGNED is the owner and/or property manager for the abandoned and/or vacant property located at: _____, Parcel Tax Identification No. _____.

I have investigated the utilities at the above described property and do hereby state that:

- a) The water service to the property is: turned on turned off
- b) The gas service to the property is: turned on turned off
- c) The electric service to the property is: turned on turned off
- d) The property is is not properly winterized.

Request Shut off: **WATER** Yes No

Further Affiant sayeth not.

Signature of Affiant

Printed Name

Witness Signature

Printed Name

STATE OF MICHIGAN)

)ss.

COUNTY OF WAYNE)

On this ____ day of _____, 20 ____, before me a Notary Public in and for said County and State did personally appear _____ and made oath that he/she has read the foregoing Affidavit and that the contents therein are true to the best of his/her information, knowledge and belief.

_____, Notary Public

County, Michigan

Acting in _____ County, Michigan

My Commission Expires: _____

BUILDING AND INSPECTION SERVICE USE ONLY

Check Number: _____ Application Number: _____

Registration Expires: _____ Closure: Post Date of Sale: _____

