



City of Clawson

425 N. Main Street / Clawson, Michigan 48017
(248) 435-4500 FAX (248) 435-0515

BUILDING & PLANNING DEPARTMENT VACANT & ABANDONED

Residential _____ Vacant/Dangerous Property _____

This form is required for registration of each abandoned residential structure within the City of Clawson under Clawson Code of Ordinances 44-4.

Property Address: _____ Single Family: _____ Multiple Dwelling: _____

Property Owner:

Legal Property Owner's Name: _____ Date of Birth _____ Driver's License No. _____

Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone No. _____ Business Phone No. _____ Cell No. _____

Secondary Contact

Mailing Address: _____ City: _____ State: _____ Zip: _____
Home Phone No. _____ Business Phone No. _____ Cell No. _____

Property Owner's Signature: _____

Please give the reason for the vacancy of the property: _____

What is the estimated length of time the property is expected to remain vacant? _____

Please provide details regarding any plans for restoration, reuse or removal with an accompany timeline and work schedule. _____

Please provide proof of identification of each owner to the Building Department. An owner must notify the City and file an amended form within seven days of any change to the registration information that has been provided with this form.

Agent/Representative Signature

Date