

## VACANT PROPERTY REGISTRATION AND MAINTENANCE

CITY OF EASTPOINTE – BUILDING DEPARTMENT

23200 Gratiot Avenue

Eastpointe, Michigan 48021

586-445-3661

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 #: \_\_\_\_\_

**Realtor Name:** \_\_\_\_\_ **Company:** \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

\*\*\*\*\*

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

