

City of Southfield
26000 Evergreen Rd
P.O. Box 2055
Southfield, M 48037-2055
DEPARTMENT of BUILDING SAFETY & ENGINEERING

VACANT BUILDING REGISTRATION
REGISTRATION # _____

DATE _____
REGISTRATION FEE: \$150

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

PROPERTY ADDRESS: _____ **LOCK BOX CODE:** _____

Sidwell Parcel: _____

Type of Building: _____

Accessory Buildings: _____

PROPERTY OWNER: _____

ADDRESS _____
Number Street City State Zip

Phone No. _____ Email Address _____

Fax No. _____ Cell Phone _____

Driver's License _____ Date of Birth _____

NAME OF PROPERTY MANAGER: _____

ADDRESS _____
Number Street City State Zip

Contact Person: _____

Phone No. _____ Email Address _____

Fax No. _____ Cell Phone _____

Reason for the Vacancy: _____

Do You Intend to have the Building and Premise Reoccupied? _____

Do You Intend to have the Building(s) Demolished? _____

Potential Date: _____

Explain: _____

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 Chapter 104, Sections 8.601 through 8.610 and I am familiar with the provisions set forth in such sections.

Further, I hereby agree that the Director or his designee shall be permitted to inspect the interior and exterior of the above described property a minimum of two (2) times per year upon reasonable notice and at reasonable times.

State of Michigan)
County of Oakland) _____
Owner

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

Commission expires _____ 20_____ _____
Notary Public

Registration Approved By: _____ Date _____

Registration Expires: _____ Re-Inspection Date: _____

Certificate of Compliance: 1st; _____ 2nd _____