

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: \$300 Application Fee:\$40

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: _____

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 _____

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Reason for the Vacancy: _____

Do you intend to have the building and premises 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____

Notary Public County My Commission Expires

Registration approved by: _____ Date _____

Registration expires: _____ Re-inspection Date: _____

Certificate of Compliance: 1st; _____ 2nd _____



City of Southfield

Department of Building & Safety Engineering
26000 Evergreen
Southfield, MI 48076
(248) 796-4100 FAX (248) 796-4105

Rental – (248) 796-4177

Vacant – (248) 796-4807

lboulware@CityofSouthfield.com

dpargoff@cityofsouthfield.com

FURNACE / BOILER CERTIFICATION

Job Address _____

Owner Name _____ Phone _____

Mechanical Contractor _____

Address _____ City _____

Licensee Name _____ License# _____

Category: 1 2 3 4 5 6 7 8 9 10 A B C D E F

Phone _____ Registered with City **Yes** **No**

Contractor must be licensed and registered with the City

CERTIFICATION RESULTS

Make / Brand _____ Model _____ Serial# _____

CO Results _____ P.P.M. **Pass** **Fail**

Heat Exchanger Condition _____

Limit Control Condition _____

Venting Condition _____

Chimney Condition _____ Size _____ Type _____

Filter _____

Expansion Tank _____ Gas Shut Off _____

Pressure Relief Size / Condition _____

Backflow Preventer _____

Additional Comments _____

Signature _____ Date _____