



**BUILDING/ZONING DEPARTMENT**  
147 WABASH STREET, MILAN MI 48160  
PHONE: (734) 439-7089  
www.milanmich.org

## Vacant Building Registration and Certificate Application

Address of Vacant Building: \_\_\_\_\_

Parcel Tax ID Number: \_\_\_\_\_

Single Family Dwelling     Multi-Family Dwelling - Number of Units: \_\_\_\_\_

Commercial Dwelling - # of Buildings: \_\_\_\_\_ # Units: \_\_\_\_\_

Lock Box Code: \_\_\_\_\_ (to be used for entry to inspect)

Owner's Name: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Corporate Resident Agent: \_\_\_\_\_

Owner's Geographic Address: \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

Agent's Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Agent's Email: \_\_\_\_\_

**Complete application on reverse side ↻**

**CRAIG E. STRONG**  
BUILDING OFFICIAL

CITY OF MILAN

I consent to entry of City Officials to inspect the above listed vacant building pursuant to the Milan City Code Chapter 6, Article X, Division 2 "Vacant Buildings" and will schedule the required inspection(s).

I do not consent to the inspections and understand that the City of Milan will request an administrative search warrant for the inspection and that I may be liable for additional fees incurred.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

OWNER/AGENT AFFIDAVIT

THE UNDERSIGNED is the owner and/or owner's agent responsible for the vacant property located at: \_\_\_\_\_; Parcel Tax ID \_\_\_\_\_.

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

- a) The water service to the property is: [ ] Operational [ ] Properly Disconnected
b) The sewer system to the property is: [ ] Operational [ ] Properly Disconnected
c) The gas service to the property is: [ ] Operational [ ] Properly Disconnected
d) The electric service to the property is: [ ] Operational [ ] Properly Disconnected
e) Does the structure have a basement sump pump system: [ ] Yes [ ] No
1. If so, is the sump pump operational? [ ] Yes [ ] No

I certify that I have read the foregoing Affidavit and that the contents herein are true to the best of my knowledge and belief:

Signature of Affiant Printed Name

Subscribed and sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public
County, Michigan
Acting in \_\_\_\_\_ County, Michigan
My commission expires: \_\_\_\_\_