



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: _____