

RESIDENTIAL SALE APPLICATION

RESIDENTIAL SERVICES DEPARTMENT

I. PROPERTY INFORMATION

PROPERTY ADDRESS:

SOUTHGATE, MICHIGAN 48195

PROPERTY TYPE: SINGLE-FAMILY (\$200)

Checks payable to "City of Southgate"

*It is the applicant's responsibility to ensure the inspector gains entry. Lock Box or gate code information is accepted as a courtesy.
Applicants are encouraged to be present at the time of inspection*

Effective June 1st 2024, the \$200 will include the initial inspection all additional inspections will be \$60

UTILITY CONNECTIONS: Utilities must be connected and serviceable so that a complete inspection can be performed. Please indicate here that utilities are or will be connected by the inspection date. A \$60 fee will be charged if an inspector cannot complete the inspection due to utility connections.

UTILITIES ARE OR WILL BE CONNECTED AND SERVICEABLE

II. INSPECTION REQUEST

- Please allow two (2) weeks for inspections to be scheduled.
- Inspections are performed Monday, Wednesday and Fridays, from 9 a.m. to 4:00 p.m.
- Expedited inspections may be available during non-working hours for an additional fee.
- There is a \$50 fee for cancelling a scheduled inspection (unless more than two business day notice is provided).

INSPECTION DATE PREFERENCE: FIRST AVAILABLE DATE SPECIFY DAY/DATE

III. APPLICANT INFORMATION

INSPECTION REQUESTED BY: PROPERTY OWNER REALTOR PROPERTY AGENT
Documentation may be required.

NAME:

ADDRESS:

CITY:

ZIP:

PHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

IV. PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT)

NAME:

ADDRESS:

CITY:

ZIP:

PHONE NUMBER:

E-MAIL ADDRESS:

V. AUTHORIZATION

By signing and submitting this application, I am authorizing the City of Southgate to utilize this information, certifying that I have the legal authority to do so. I affirm that the information provided is accurate to the best of my knowledge. I am granting permission to the City of Southgate's authorized staff to access all areas of the exterior of the property for inspection purposes.

APPLICANT SIGNATURE:

DATE:

FOR OFFICE USE ONLY:

Amt Pd: \$

Permit No#:

Processed By: