

**CHARTER TOWNSHIP OF BRANDON
VACANT PROPERTY REGISTRATION
AFFIDAVIT FORM**

Vacant Property #. _____
Amount Paid _____

This form is to be completed by the owner or the owner agent/property
Manager of the residential or commercial vacant property

Date: _____
COMMERCIAL \$350.00 RESIDENTIAL \$ 250.00

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I. PROPERTY INFORMATION:

Property address: _____ Sidwell: _____
Lockbox: _____

Note: The Township's primary goal is to help; protect the health, safety and welfare of the citizens by preventing blight, protecting property values and neighborhood integrity, avoiding the creation of nuisances and ensuring safe and sanitary maintenance of dwellings, commercial and industrial buildings. An inspector from the Planning & Building Department will be performing the visit and inspection in order to inspect the interior and exterior of premises in accordance to the 2009 International Property Maintenance Code and Chapter 10-19, Code enforced. Your cooperation is greatly appreciated and will go a long way in making sure our property values and residences are safe. **To schedule your inspection please contact the Planning & Building Department at 248-627-4916.**

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II. OWNERS INFORMATION (all ownership information below must be completed)

Owners Full Name: _____

If a corporation or Joint Ownership, give name of principle officer or Resident Agent and address of residence. A copy of the owners drivers license is required to be attached with the affidavit.

Business Name _____

Address of Owners _____

Residence (no P.O. box) _____
Number and Street name (no P.O. Box)

City _____

Email Address _____ Telephone HOME () _____ - _____

Mail Delivery Address _____ WORK () _____ - _____

CELL () _____ - _____
FAX () _____ - _____

(If different from residence)

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III. OWNER AGENT/ PROPERTY MANAGER INFORMATION

(Complete if manager is different than owner)

If the above property Owners or Property Management Company of the property is located **more than 30 miles away**, a local Property Management Company (**within 30 miles**) shall be responsible for all property maintenance and inspections. Their contact information shall be provided as required below.

Manager Name: _____

Business Name: _____

Address of Owners Agent/ _____

Property Manager _____
Number and Street name (no P.O. Box)

City _____ State _____ Zip _____

Email Address _____ Telephone HOME () _____ - _____
 WORK () _____ - _____
 Mail Delivery Address _____ CELL () _____ - _____
 FAX () _____ - _____

 (If different from residence)

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 IV. VACANT PROPERTY INFORMATION

Standing water in basement?	Y	N	Mold within property?	Y	N
Electric shut off?	Y	N	Gas/Propane shut off?	Y	N
Property winterized?	Y	N	Property occupied?	Y	N

For Official Use: Date of inspections. _____, _____, _____

Application checklist: All fees pd Y N; Copy of driver lic. Y N; Mechanical cert? Y N; Lockbox? Y N

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 V. SIGNATURE OF PERSON COMPLETING FORM REQUIRED BELOW

I the undersigned, agree to obtain and pay for the Township's safety and maintenance inspection of the above-referenced property and to obtain inspections annually thereafter while the property is vacant to ensure the building is safe and well maintained. I, hereby acknowledge that NO CERTIFICATE OF OCCUPANCY will be issued by the Township until all code requirements are met. I further agree that if information contained in their affidavit is no longer valid, I will file a new Affidavit with current information within ten (10) days. I hereby attest that the above information is accurate to best of my knowledge.

Printed name: _____

Signature: _____ Date: _____

Return signed form, copy of driver license and fee to:

Brandon Township Planning & Building Dept.
 P.O. Box 929, 395 Mill Street,
 Ortonville, MI. 48462
 Phone (248) 627-4916 Fax (248) 627-6938