

CITY OF MOUNT CLEMENS

VACANT OR ABANDONED PROPERTY REGISTRATION FORM

Dwelling Address: \_\_\_\_\_

Owner's Full Legal Name: \_\_\_\_\_

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

Owner's Telephone Number: \_\_\_\_\_

Owner's Driver's License Number: \_\_\_\_\_

Owner's Date of Birth: \_\_\_\_\_

(If property is owned by a corporation, please provide the above information for the registered agent or person legally responsible)

Full legal name of Property Manager (if any): \_\_\_\_\_

Mailing address of Property Manger: \_\_\_\_\_

Telephone number of Property Manger: \_\_\_\_\_

Does the Property Manager have authority to enter and secure the premises? (Explain any restrictions on Manager's authority with regard to property): \_\_\_\_\_

\_\_\_\_\_

Number of apartments/units in this building when in use: \_\_\_\_\_

**(Vacancies of 1 year or more may result in the loss of status as a non-conforming multi-family)**

Estimated time that the property will remain vacant: \_\_\_\_\_

Reason for Vacancy: \_\_\_\_\_

\_\_\_\_\_

What are your plans for the restoration, reuse or removal of any structures on this site? Approximate time to complete plans?

\_\_\_\_\_

\_\_\_\_\_

(Please note, fees may be waived if there is a valid building / demo permit and work is progressing)

Is this property listed for sale? \_\_\_\_\_

If someone were to inquire regarding the purchase of this property, to whom should they be referred?

\_\_\_\_\_  
\_\_\_\_\_

Is this property currently in foreclosure? If so, when will the redemption period end? \_\_\_\_\_

\_\_\_\_\_

If this property is subject to foreclosure, please provide the name and address of the bank or other mortgage holder. \_\_\_\_\_

\_\_\_\_\_

Are there any dangerous or unusual conditions that the City or the Sheriff should be aware of, should they need to enter the property to inspect or secure? If so, please explain in detail:

\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information regarding this dwelling that you want the City to be aware of?

\_\_\_\_\_

Have you received a copy of the City of Mount Clemens Abandoned / Vacant Structure Ordinance?

\_\_\_\_\_

Signature of owner or legal representative: \_\_\_\_\_

Signed by: (Printed name of above person): \_\_\_\_\_

Date Signed: \_\_\_\_\_

*Please note that furnishing false information could constitute a violation of section 20.001D of the Mount Clemens Code of Ordinance. Violation of this ordinance is a misdemeanor and punishable by up to 93 days in jail and / or a \$500.00 fine.*

**Return with payment of \$170 (\$50 registration, \$120 annual monitoring fee) to:**

**City of Mount Clemens  
Community Development Department  
One Crocker Blvd.  
Mount Clemens, MI 48043  
Fax: 586-469-7695**