

CITY OF MOUNT CLEMENS

AFFIDAVIT OF COMPLIANCE RESPONSIBILITY

Property address: _____

Purchaser's Name	Address	Phone Number
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Seller's Name	Address	Phone Number
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I swear or affirm the following:

- 1) I have received a copy of the Abandoned and/or Vacant Residential Structure Ordinance. I fully accept responsibility, without conditions, for making the corrections or repairs necessary to obtain a Certificate of Occupancy for this property in accordance with the Ordinance.
- 2) I understand that the property cannot be occupied, either by myself, a tenant or anyone, without first obtaining a valid Certificate of Occupancy from the City of Mount Clemens.
- 3) I agree that I will obtain and comply with all required permits and inspections for any repairs to the property.
- 4) I understand that if the property remains vacant for 30 days, I must register the property in accordance with the Abandoned and/or Vacant Residential Structure Ordinance.
- 5) I agree that I will contact the City of Mount Clemens Community Development Department once all repairs are completed so that an inspection can be performed and a Certificate of Occupancy obtained prior to occupying the property. I understand that I am responsible for any cost associated with these permits and / or inspections.
- 6) All outstanding balances to the City of Mount Clemens have been paid or will be paid at the time of closing.
- 7) I will notify the City of Mount Clemens Department of Community Development if for any reason this transaction does not come to closing.

Purchaser's Signature: _____

Subscribed and sworn before me, this _____ day of _____, 20_____

My Commission expires _____

Notary Public, _____ County, Michigan