# VACANT STRUCTURE REGISTRATION FORM

*A residential or commercial building in the City of Hazel Park that lacks lawful occupancy or licensure for 30 days or more is subject to registration as a vacant property. Each* ***registration costs $200.00 and remains valid for 6 months*** *from the date of filing with the City Clerk's Office (111 E. Nine Mile Rd., Hazel Park, MI 48030 – 248-546-4064). A copy of* ***State-issued ID for the Owner and Responsible Party*** *must accompany this registration form.*

## ----------PROPERTY INFORMATION----------

**Vacant Structure Address:**_____**, Hazel Park, MI 48030**

**Date structure became vacant:** _____/_____/_____

**Reason for vacancy:**_____

**Estimated time structure will remain vacant:**_____

**Plan for restoration/reuse/removal of structure, and timeline for completion:**_____

_____

_____

## ----------OWNER INFORMATION (must include ID)----------

**Legal Name:**_____

**Personal Name (if different than legal name):**_____

**Mailing Address:**_____

**Telephone:**_____ **Email:**_____

## --RESPONSIBLE PARTY INFORMATION (must include ID; check here if same as owner ☐)--

- ***"Responsible party" includes real estate agents, rental managers, property maintenance personnel, mortgage holders, etc.***

**Legal Name:**_____

**Personal Name (if different than legal name):**_____

**Mailing Address:**_____

**Telephone:**_____ **Email:**_____

## ----------TO BE COMPLETED BY OWNER OR RESPONSIBLE PARTY----------

By signing below, I certify that the foregoing is a true and complete statement of the facts requested, and that I shall comply with all rules and regulations set forth by the City of Hazel Park, including but not limited to HPMC 8.02. I understand that this registration does not exempt this property from requiring licensure as a business or rental property, if so used. I acknowledge that if this property remains vacant beyond the expiration of this registration, I must renew the registration. Furthermore, I acknowledge that I must contact the Hazel Park Building Dept. (248-546-4075) within ten (10) days of filing this registration in order to schedule an inspection of the property.

**Personal Name of Owner or Responsible Party:**_____

**Signature:**_____ **Date:**_____/_____/_____

**FOR OFFICE USE ONLY**

**Invoice #:**_____ **Date Filed:**_____/_____/_____ **Date Expires:**_____/_____/_____ **Initials:**_____

***Cc: Building Dept.***

***Rev. 1/22***