

ABANDONED RESIDENTIAL PROPERTY REGISTRATION

This form is to be completed by the owner or other responsible person. Please print clearly. If you need assistance please call (810) 732-1350 or FAX (810) 733-6919

* Dwelling Address

* Number of apartments / units in this building when in use:

_____ Single Family _____ 2 Family _____ Multiple Units (indicate number of apartments / units)

NOTE: Vacancies of over 1 year may result in the loss of approved multiple use zoning status. Call the Zoning Office at (810) 732-1350 for more information.

* Owner's Full Name and Address (include day time phone number):

* Property Manager (if any) Full Name and Address (include day time phone number):

* Address where owner prefers to receive mail (if same as above write 'same')

* Estimate of time property will be vacant? _____ Reason? _____

* What are your plans for this site? (e.g. restore, reuse or removal) How long will this take?

Is this property for sale? _____

Who should prospective buyers contact (include name and number)?

Approximate price? _____ Terms? _____

Is there any other information about this dwelling that you want us to know?

* REQUIRED INFORMATION

Signed: _____ Date Signed: _____

Signed by: (Print): _____

Please return this completed registration application and fee of \$100.00 to:

FLINT TOWNSHIP BUILDING DEPARTMENT. ARP - 1490 S. Dye Rd. - Flint, MI 48532