



City of Ecorse

CITY OF ECORSE
BUILDING DEPARTMENT
VACANT BUILDING REGISTRATION FORM
3869 W Jefferson, Ecorse MI 48229
PH: (313) 386-3636

FOR OFFICE USE ONLY
REG #: _____
DATE ISSUED: _____
EXPIRATION: _____



ADDRESS OF PROPERTY: _____

Owner(s) of Property:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

Responsible Party of Property (if different than owner's information):

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Email: _____

List additional owner's or officer's information on a separate sheet and attach.

All correspondence is sent to the responsible party.

A COPY OF THE MANAGEMENT AGREEMENT BETWEEN THE OWNER AND RESPONSIBLE PARTY
MUST BE INCLUDED WITH THIS APPLICATION.

The correct registration fee must accompany this application. Upon inspection and approval by the Building Department, a license will be issued. It is a violation of the Ordinance not to notify this Department of a change in ownership or contact information. The Owner(s) and Responsible Party remain liable under this agreement until such change in ownership is notified. Change in ownership does not negate liability for violations that occurred during ownership of this property.

By signing this application I certify that I have read and understand the above and below conditions and state that all information is true to the best of my knowledge.

I PERSONALLY GUARANTEE TO PAY ALL FEES OR FINES THAT MAY ACCRUE TO THIS. I AGREE THAT ALL DISPUTES ARISING OUT OF THIS AGREEMENT ARE IN THE EXCLUSIVE JURISDICTION OF THE COURTS OF MICHIGAN. THIS AGREEMENT IS GOVERNED BY MICHIGAN LAW.

Must be signed by Legal Owner or Responsible Party:

Print Personal Name: no LLC, Corporation, or Other Legal Entity

(Signature)

Date