



**CHARTER TOWNSHIP OF MERIDIAN
DEPARTMENT OF COMMUNITY PLANNING AND DEVELOPMENT
BUILDING DIVISION
5151 MARSH ROAD, OKEMOS, MI 48864
(517) 853-4500 FAX: (517) 853-4095
VACANT OR ABANDONED BUILDING REGISTRATION**

Owners who are required to register their properties pursuant to Chapter 14, Article VII of the Code of Ordinances shall submit a completed vacant or abandoned building registration form, as provided by the Department of Community Planning and Development.

PROPERTY ADDRESS: _____ **PARCEL ID#** _____

PROPERTY OWNER:

NAME: _____

*OWNER MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

OWNER FAX: _____ OWNER EMAIL _____

AGENT: (if applicable) Please note if submitted by an agent written authorization is required.

NAME: _____

*ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

AGENT FAX: _____ AGENT EMAIL _____

MORTGAGE HOLDER: (if applicable)

COMPANY NAME: _____ CONTACT PERSON: _____

*ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

LIMITED LIABILITY CO*: (if applicable)

NAME OF LLC: _____ MANAGING MEMBER _____

*ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

OTHER PERSONS WITH PROPERTY INTEREST: (if applicable)

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMERGENCY CONTACT:

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

REASON FOR VACANCY: _____

*Please indicate which address should be used for mail to be acknowledged as received by the Owner.

Initial Registration Fee is \$175.00, Annual Renewal Fee (for each year vacant or abandoned) is \$100.00, Inspection Fee or Reinspection Fee is \$75.00.

Pursuant to Section 14-207, if at any time the information in the registration form required pursuant to this article is no longer valid, the owner shall, within ten (10) days, file a new form containing valid, current information. There shall be no fee to update an existing registration.

By the signature attached hereto, I certify that the information provided within this form is true and accurate to the best of my knowledge.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

RECEIVED BY: _____ FEE PAID:\$ _____ DATE: _____

Dated: 1.28.19 (Ordinance Number 2018-01 Chapter 14, Article VII, Sections 14-200 through 14-210)