



Foreclosed, Vacant and Abandoned Residential Property Registry

City of Jackson
161 W. Michigan Avenue
Jackson, MI 49201
(517) 788-4012
www.cityofjackson.org

Application

Fees Calculate by completing both sections

Registration Fee

Valid for a two (2) year period \$ 300.00

Late fees

Required if not registered within 15 days of becoming foreclosed, vacant or abandoned

Up to 30 days late \$ 150.00

For every day late over 30

Days Late x \$25/day = \$ _____

Registration Fee Subtotal: \$ _____

Quarterly Monitoring Fee

Paid in advance; first quarter due at registration

Select Type of Housing:

Single Family (1 unit) \$ 225.00

Two Family (2 units) \$ 300.00

Multi-Family (3 – 4 units) \$ 375.00

Multi-Family (over 4 units) add \$ 375.00

Units over 4 X \$15/unit \$ _____

Monitoring Fee Subtotal: \$ _____

Total Fees Due (Registration Fee Subtotal + Monitoring Fee Subtotal): \$ _____

Make checks payable to City of Jackson

Section I – Type of Registration

New Change in: Property Owner information
 Renewal Local Resident Agent information

Date: _____
Enter date form was completed

Section II – Property Information

Property Information:

Status: Foreclosed Vacant Abandoned

Address: _____

Date: _____
Enter date property became foreclosed, vacant or abandoned.

Dwelling Information:

Type of Dwelling: Single Family Duplex Multiple Family Boarding/Rooming House Dormitory
 Hotel Other (list type) _____

Year Built _____ **No. of Levels** _____ **Basement:** Yes No

Total No. of Dwelling Units _____ **No. of Owner-Occupied Units** _____

No. of Off Street Parking Spaces _____

Heating System: Electric Gas Oil Propane Other _____

No. of furnaces/boilers _____ **Air Conditioning:** Window Unit(s) Central None

Water Heating System: Electric Gas Oil Propane Other _____ **No. of water heaters** _____

No. of electric meters _____ **No. of electric panels** _____ **No. gas meters** _____

Sewage System: Public Private **Water Source:** Public Private

Section III – Property Owner’s Information

Property Owner’s Information:

Property Owner Name: _____ **Home Phone:** (____) _____

E-mail Address: _____ **Cell Phone No.** (____) _____

Property Owner Address

Work Phone No. (____) _____

Physical Address: _____

Mailing Address (if different): _____

Miles from Jackson County: _____ *If more than 75 miles outside Jackson County, designation of Responsible Local Agent is required. Please complete Section IV below.*

Classification of Ownership:

Individual/Sole Proprietor Personal Representative of Estate Trust

Drivers License No./State ID: _____

Date of Birth: _____

LLC **Qualifying Officer Name:** _____

Tax ID or Employer ID No.: _____

Provide name, address, telephone numbers and dates of birth (individuals only) for all members of the LLC; attach more sheets if necessary.

Member Name: _____

Home Phone: (____) _____

Address: _____

Cell Phone No. (____) _____

Date of Birth: _____

Work Phone No. (____) _____

Member Name: _____

Home Phone: (____) _____

Address: _____

Cell Phone No. (____) _____

Date of Birth: _____

Work Phone No. (____) _____

Association S Corporation C Corporation Partnership Other _____

Provide name, address, telephone numbers and dates of birth (individuals only) for all majority shareholders of the corporation; attach more sheets if necessary.

Qualifying Officer Name: _____

Tax ID or Employer ID No.: _____

Shareholder Name: _____

Home Phone: (____) _____

Address: _____

Cell Phone No. (____) _____

Date of Birth: _____

Work Phone No. (____) _____

Shareholder Name: _____

Home Phone: (____) _____

Address: _____

Cell Phone No. (____) _____

Date of Birth: _____

Work Phone No. (____) _____

Shareholder Name: _____

Home Phone: (____) _____

Address: _____

Cell Phone No. (____) _____

Date of Birth: _____

Work Phone No. (____) _____

Shareholder Name: _____

Home Phone: (____) _____

Address: _____

Cell Phone No. (____) _____

Date of Birth: _____

Work Phone No. (____) _____

Shareholder Name: _____

Home Phone: (____) _____

Address: _____

Cell Phone No. (____) _____

Date of Birth: _____

Work Phone No. (____) _____

Section IV – Responsible Local Agent (if applicable)

Responsible Local Agent (RLA) Requirement:

In the City of Jackson, "Responsible Local Agent" is defined in Chapter 14 of the City of Jackson Code of Ordinances, Section 14-402 as:

Responsible Local Agent means a representative of a person, corporation, partnership, firm, joint venture, trust, association, organization, or other entity having a legal or equitable interest in property who has authority to do the following:

- (1) Receive all official notices concerning housing, zoning, or dangerous buildings on behalf of the owner of a property, and any notice received by the responsible local agent shall be deemed to have been received by the property owner; and
- (2) Be responsible for providing access to the property for any inspection necessary to ensure compliance with the terms of this Chapter.

A Responsible Local Agent is REQUIRED for a foreclosed, vacant or abandoned residential property owned by a person or entity that resides more than seventy-five (75) miles outside of Jackson County. The property owner must designate a Responsible Local Agent who resides within seventy-five (75) miles of Jackson County; if the Responsible Local Agent is a corporation, limited liability company, partnership or other for-profit or non-profit entity, the address of the registered office of the entity must be within seventy-five (75) miles of Jackson County.

Does the property owner reside more than 75 miles outside Jackson County? Yes (RLA required) No

Responsible Local Agent Information:

Responsible Local Agent Name: _____ **Telephone No. (____)** _____

RLA Address: _____ **Cell Phone No. (____)** _____

E-mail Address _____ **Work Phone No. (____)** _____

I understand and accept responsibility to serve as the Responsible Local Agent as defined above.

Responsible Local Agent Signature

Date

Section VII – Agreement

I hereby attest the above information is true and correct to the best of my information, knowledge, and belief. I am aware that a false statement or dishonest answer may be grounds for denial of my registration, or may be punishable by law.

I further acknowledge and affirm should any information submitted on this registration form change, I will notify the Department of Community Development within ten (10) days and submit an amended registration without cost. I further understand that failure to update information within ten (10) days is a violation of Chapter 14, Section 14-404 of the City of Jackson Code of Ordinances and will be subject to late fees and penalties provided in Chapter 2.5 of the Code.

I further acknowledge and affirm there are no unpaid fines, fees or debts relating to the property that are currently due or past due.

Date

Property Owner Signature

Property Owner Printed Name

FOR OFFICE USE ONLY

PIN: _____ Ward _____ Zoning _____ Non-Conforming Use? Yes No

Property checked for current or past due water/sewer bills, mowing, cleanup, weed or debris removal, and penalties or debts of any sort arising from provisions of the housing code, including any blight violations.

City Clerk No Outstanding Bills Bills to Pay Before Issuing

City Treasurer No Outstanding Bills Bills to Pay Before Issuing

Outstanding Bill	Amount

Homeowner Permits – any unpaid failed/additional inspections fees? Yes No

Open Notice to Vacate? Yes No Open Condemnation? Yes No

Open Blight Citations? Yes No Open AHB Action? Yes No
(garbage, vehicles, trees)

Date

Signature

Printed Name/Title