



**CITY OF DEARBORN, ECD - COMMERCIAL SERVICES DIVISION, 16901 Michigan Ave, Suite 6
Dearborn, MI 48126 - Phone: 313-943-2421 – Fax: 313-943-3023**

COMMERCIAL VACANT PROPERTY REGISTRATION FORM

The purpose of this ordinance is to enhance the economic viability of business districts, promote their marketability, build neighborhood integrity, avoiding the creation and maintenance of nuisances and identifying unsafe and unsanitary maintenance issues of commercial and industrial buildings.

- A building or structure that is considered vacant when it is not currently occupied, or not legally occupied (No C of O).
- Commercial property must be registered within 90 days of vacancy.
- **Registration fee is \$25.00 annually, payable to "City of Dearborn." CR Code: VR**
- The above fee includes 1 full year of Field inspection monitoring for property maintenance & safety issues.
- If a property maintenance issue or safety issue is identified, you will be contacted by a Field Inspector for resolution.

First Notification

Revised Information

| | | | |
|---|--|----------------|------|
| PROPERTY ADDRESS | | | |
| <p style="text-align: right;">Dearborn, MI <input type="checkbox"/>48120 <input type="checkbox"/>48124 <input type="checkbox"/>48126 <input type="checkbox"/>48128</p> | | | |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | |
| PHONE NUMBER | | E-MAIL ADDRESS | |
| PROPERTY MANAGER | | | |
| NAME | | | |
| ADDRESS | | | |
| CITY | | STATE | |
| PHONE NUMBER | | E-MAIL ADDRESS | |
| EMERGENCY CONTACT | | | |
| <input type="checkbox"/> Property Owner <input type="checkbox"/> Property Manager <input type="checkbox"/> Other -- Name _____ <div style="text-align: right; margin-top: 5px;">Phone Number _____</div> | | | |
| UTILITY STATUS | | | |
| Gas: <input type="checkbox"/> Disconnected <input type="checkbox"/> In Proper Working Order <input type="checkbox"/> Other-Explain _____ | | | |
| Electric: <input type="checkbox"/> Disconnected <input type="checkbox"/> In Proper Working Order <input type="checkbox"/> Other-Explain _____ | | | |
| Water: <input type="checkbox"/> Disconnected <input type="checkbox"/> In Proper Working Order <input type="checkbox"/> Other-Explain _____ | | | |
| AUTHORIZATION | | | |
| By signing and submitting this document, I am authorizing the City of Dearborn to utilize this information, certifying that I have the legal authority to do so. I affirm the information provided is accurate. I am granting permission to the City of Dearborn Authorized Staff to access all exterior areas of the property for inspection purposes. | | | |
| SIGNATURE | | | |
| PRINT NAME | | | |
| DRIVER'S LICENSE # OR MI STATE ID# | | | DATE |

OFFICE USE: Case# _____ Receipt# _____ II date _____ Scanned _____