



RESIDENTIAL SALE APPLICATION

RESIDENTIAL SERVICES DEPARTMENT

I. PROPERTY INFORMATION

PROPERTY ADDRESS: _____ **DEARBORN, MICHIGAN 4812**

PROPERTY TYPE: SINGLE-FAMILY (\$200) TWO-FAMILY (\$250) **Checks payable to "City of Dearborn"**

IS HOME VACANT? NO
 YES LOCK BOX # _____ LOCK BOX LOCATION _____

It is the applicant's responsibility to ensure inspector gains entry. Lock Box information is accepted as a courtesy. Applicants are encouraged to be present at time of inspection.

UTILITY CONNECTIONS: Utilities must be connected and serviceable so that a complete inspection can be performed. Please indicate here that utilities are or will be connected by the inspection date. A \$50 fee will be charged if an inspector cannot complete the inspection due to utility connections.

UTILITIES ARE OR WILL BE CONNECTED AND SERVICEABLE

II. INSPECTION REQUEST

- Please allow two (2) weeks for inspections to be scheduled.
- Inspections are performed Monday through Friday, from 9 a.m. to 3:30 p.m.
- Expedited inspections may be available during non-working hours for an additional fee.
- Homes in zip code areas 48120 and 48126 are inspected between 9 a.m. and noon.
- Homes in zip code areas 48124 and 48128 are inspected between 1 p.m. and 3:30 p.m.
- There is a \$50 fee for cancelling a scheduled inspection (unless more than one business day notice is provided).

INSPECTION DATE PREFERENCE: FIRST AVAILABLE DATE SPECIFY DAY/DATE _____

III. APPLICANT INFORMATION

INSPECTION REQUESTED BY: PROPERTY OWNER REALTOR PROPERTY AGENT

Documentation may be required.

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____

IV. PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT)

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____ E-MAIL ADDRESS: _____

V. AUTHORIZATION

By signing and submitting this application, I am authorizing the City of Dearborn to utilize this information, certifying that I have the legal authority to do so. I affirm that the information provided is accurate to the best of my knowledge. I am granting permission to City of Dearborn authorized staff to access all areas of the exterior and interior of the property for inspection purposes.

APPLICANT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Amt Pd: \$ _____ Receipt # _____ Case No#: _____ Processed By: _____