



RESIDENTIAL INSPECTION REQUEST

ECONOMIC DEVELOPMENT DEPARTMENT

I. GENERAL INFORMATION

- Inspections are required when residential properties transfer ownership.
- Inspections are performed Monday through Friday, from 9 a.m. to 4 p.m.
- There is a \$75 fee for cancelling a scheduled inspection (unless more than one business day notice is provided).
- A \$75 fee will be charged if an inspector cannot gain entry for a scheduled inspection.
- Non-owner occupied properties must be registered and are inspected every three years.

Sale/Transfer of Property

Rental (Non-Owner Occupied)
Inspection and Registration

II. PROPERTY INFORMATION

PROPERTY ADDRESS: _____ DEARBORN, MICHIGAN 4812____

PROPERTY TYPE: SINGLE-FAMILY (\$225) TWO-FAMILY (\$275) **Checks payable to "City of Dearborn"**
 THREE--FAMILY (\$345) FOUR-FAMILY (\$405)

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. A \$75 fee will be charged if an inspector cannot complete the inspection due to utility connections.

III. APPLICANT INFORMATION

INSPECTION REQUESTED BY: PROPERTY OWNER REALTOR REPRESENTATIVE/AGENT
Documentation may be required.

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE 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 inspection request 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: _____

SUBMITTAL INFORMATION

Mail this form to:
Dearborn Administrative Center
16901 Michigan Avenue, Ste 7
Dearborn, MI 48126

Drop Box:
Located at Dearborn Administrative Center
16901 Michigan Avenue
Please indicate "INSPECTION REQUEST" on envelope

Payment must accompany application – check or money order payable to "City of Dearborn"

FOR DEPARTMENT USE ONLY:

Case No#: _____ Processed By: _____

OP-054-10-R10
Sept 7, 2022