

Vacant Building Registration Application
City of Brighton 200 N. First St. Brighton, MI 48116
810-227-1911

Address of Vacant Building: _____ Parcel ID(s): _____

Date building became vacant: _____ Has building transferred ownership within the past year? _____

Date ownership transferred to current owner: _____

Date of Water Utility Disconnection: _____ Date of Power Utility Disconnection: _____

Reason for vacancy: _____

Estimated time property to remain vacant: _____

Briefly describe future plans for building: _____

Owner's Contact Information:

Owner's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ E-mail Address: _____

Date of Birth: _____ Driver's License #: _____ (Provide photocopy)

Property Manager or Agent Information: (If same as above check this box and go to next section.)

Manager or Agent's Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ E-mail Address: _____

AFFIDAVIT: I hereby certify that the above information and answers are correct and true; that I am the legal owner of the premises at the above location. I have been provided with a copy of the Vacant Property Registration Ordinance and I am familiar with the provisions set forth in such sections. Further, I hereby agree that the City of Brighton Community Development Department, Police, Fire and Livingston County Building Department shall be permitted to inspect the interior and exterior of the above described property a minimum of two (2) times per year upon reasonable notice and at reasonable times.

Date: _____

Signature of Owner: _____ Printed Name: _____

Registration fee \$115.00

Monthly administrative fee of \$135.00 due by the first of each month in accordance with Section 18-107 of the City of Brighton Code of Ordinances.