



## 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:*

<input type="checkbox"/> Single Family (1 unit)	\$ 225.00
<input type="checkbox"/> Two Family (2 units)	\$ 300.00
<input type="checkbox"/> Multi-Family (3 – 4 units)	\$ 375.00
<input type="checkbox"/> 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:

**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