

**2022 – 2025 Non-Owner Occupied Residential Property Registry**

**Fees:** Calculate by entering number of structures and units

No.	Type	Amount		
_____	Structures	x \$45 each	=	\$ _____
_____	Units	x \$15 each	=	\$ _____

Single family home = 1 unit; Duplex = 2 units

**Late fees** (if applicable)

If more than 14 days late \$50 = \$ \_\_\_\_\_  
**Total:** \$ \_\_\_\_\_

*Make checks payable to City of Jackson*

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License #	<b>CRR</b>
Expiration Date:	<b>June 30, 2025</b>

**Date:** \_\_\_\_\_

**Section I – Property/Dwelling Unit Information**

**Property Information:**  
 Address: \_\_\_\_\_  
 Total No. of Dwelling Units \_\_\_\_\_ Are Any of These Units Your Primary Residence?  Yes  No

**Section II – Property Owner’s Information**

**Property Owner’s Information:**  
 Property Owner Name: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Cell Phone No. (\_\_\_\_\_) \_\_\_\_\_  
 If LLC or Corporate Ownership, Contact Person: \_\_\_\_\_  
**Property Owner Address**  
 Physical Address\*\*: \_\_\_\_\_  
 Mailing Address\*\* (if different): \_\_\_\_\_  
**\*\*If above address is new, may we advise other City departments of the change in address?**  Yes  No  
 Miles from Jackson County: \_\_\_\_\_ *If more than 75 miles outside Jackson County, designation of Responsible Local Agent is required. Please complete Section III below.*

**Section III – Property Manager or Responsible Local Agent**

<p><input type="checkbox"/> <b>Property Manager</b>                  In the State of Michigan, “Property Management” is defined in the Occupational Code to be the leasing or renting, or offering to lease or rent, properties belonging to others under a property management contract. This activity is performed as a third party, for a fee.  <b>Company Name</b> (if applicable): _____  <b>Contact Name:</b> _____                  Address _____ City _____ State _____ Zip _____  <b>Emergency Contact Name:</b> _____</p>	<p><input type="checkbox"/> <b>Responsible Local Agent</b>                  A Responsible Local Agent is <b>REQUIRED</b> for an owner 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.  <b>Main Office No.</b> (_____) _____  <b>Cell Phone No.</b> (_____) _____  <b>E-mail address:</b> _____  <b>Cell Phone No.</b> (_____) _____</p>
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**\*\*Please date and sign the next page before submitting\*\***

**Section IV – 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 Community Development Department 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 14-8 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Owner Signature

\_\_\_\_\_  
Property Owner Printed Name

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PIN: \_\_\_\_\_ Ward \_\_\_\_\_ Zoning \_\_\_\_\_ Non-Conforming Use?  Yes  No

Is property condemned?  Yes  No If **yes**, do not process registration.

Date Received (or Postmark Date [used for deadline cutoff only]): \_\_\_\_\_

<b>Action</b>	<b>Initials</b>	<b>Date</b>
<input type="checkbox"/> Registration entered in BS&A	_____	_____
<input type="checkbox"/> Owner information double checked/updated	_____	_____
<input type="checkbox"/> Property Manager/RLA information double checked/updated	_____	_____
<input type="checkbox"/> Application scanned to BS&A	_____	_____