

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

For Office Use Only	
License #	CRR
Expiration Date:	June 30, 2025

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

<input type="checkbox"/> Property Manager 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. Company Name (if applicable): _____ Contact Name: _____ Address _____ City _____ State _____ Zip _____ Emergency Contact Name: _____	<input type="checkbox"/> Responsible Local Agent A Responsible Local Agent is REQUIRED 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. Main Office No. (_____) _____ Cell Phone No. (_____) _____ E-mail address: _____ Cell Phone No. (_____) _____
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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

FOR OFFICE USE ONLY

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]): _____

Action	Initials	Date
<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	_____	_____