

RESIDENTIAL SALE APPLICATION

RESIDENTIAL SERVICES DEPARTMENT

I. PROPERTY INFORMATION

PROPERTY ADDRESS: SOUTHGATE, MICHIGAN 48195

PROPERTY TYPE: SINGLE-FAMILY (\$200) Checks payable to "City of Southgate"
RE-INSPECTION (\$60)

IS HOME VACANT? YES NO

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.

II. INSPECTION REQUEST

- Please allow two (2) weeks for inspections to be scheduled.
- Inspections are performed Monday, Wednesday and Fridays, from 9 a.m. to 4:00 p.m.
- Expedited inspections may be available during non-working hours for an additional fee.
- There is a \$50 fee for cancelling a scheduled inspection (unless more than two business day notice is provided).

INSPECTION DATE PREFERENCE: FIRST AVAILABLE DATE SPECIFY DAY/DATE

III. APPLICANT INFORMATION

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

NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____ FAX 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 application, I am authorizing the City of Southgate 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 the City of Southgate's authorized staff to access all areas of the exterior of the property for inspection purposes.

APPLICANT SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY:

Amt Pd: \$ _____ Permit No#: _____ Processed By: _____