



Macomb Township

Building Department

54111 Broughton Road, Macomb, Michigan 48042

Phone (586) 992-0710

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building@macomb-mi.gov

www.macomb-mi.gov

VACANT PROPERTY REGISTRATION FORM

Property Address: _____

Subdivision and Lot Number: _____

Lock Box Number: _____

Property Owner's Full Legal Name: _____

Property Owner's Mailing Address: _____

City, State and Zip Code: _____

Contact Person: _____

Mailing Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Driver's License/Business License Number: _____

If the owner is a corporation, please provide the information for the registered agent or person legally responsible.

Signature of the owner or legal representative: _____

Print Name: _____

Date: _____

A \$175.00 safety and maintenance inspection fee is required. An inspection date/time must be scheduled within 30 days of registration date. Must provide furnace certification from licensed contractor.