|  |
| --- |
|  |
| **RESIDENTIAL SALE APPLICATION** |
| **RESIDENTIAL SERVICES DEPARTMENT** |
|  |
| 1. **PROPERTY INFORMATION** |
| PROPERTY ADDRESS: **RIVERVIEW, MICHIGAN 48193\_\_\_** |
| PROPERTY TYPE: SINGLE-FAMILY ($200) **Checks payable to “City of Riverview”**  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.*  UTILITY CONNECTIONS: Utilities must be connected and serviceable so that a complete inspection can be performed. Please indicate here that utilities are or will be connected by the inspection date. A $50 fee will be charged if an inspector cannot complete the inspection due to utility connections.  [] UTILITIES ARE OR WILL BE CONNECTED AND SERVICEABLE |
| 1. **INSPECTION REQUEST** |
| * Please allow two (2) weeks for inspections to be scheduled. * Inspections are performed Tuesday and Thursdays, 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 one business day notice is provided).   INSPECTION DATE PREFERENCE: [] FIRST AVAILABLE DATE [] SPECIFY DAY/DATE |
|  |
| 1. **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: |
|  |
| 1. **PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT)** |
| NAME: |
| ADDRESS: CITY: ZIP: |
| PHONE NUMBER: E-MAIL ADDRESS: |
|  |
| 1. **AUTHORIZATION** |
| By signing and submitting this application, I am authorizing the City of Riverview 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 Riverview’s authorized staff to access all areas of the exterior and interior of the property for inspection purposes.  APPLICANT SIGNATURE: DATE: |
|  |
| FOR OFFICE USE ONLY:  Amt Pd: $ Permit No#: Processed By: |
|  |
|  |

|  |  |
| --- | --- |
| 14100 Civic Park Drive Riverview, MI 48193 • PHONE: (734) 281-4242 • FAX: (734) 281-4247 | *updated 7/18/16 jb* |