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|  **RESIDENTIAL SALE APPLICATION** |
|  **RESIDENTIAL SERVICES DEPARTMENT** |
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| 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**
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| * 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**
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| 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)**
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| NAME: |
| ADDRESS: CITY: ZIP: |
| PHONE NUMBER: E-MAIL ADDRESS: |
|   |
| 1. **AUTHORIZATION**
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| 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: |
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| 14100 Civic Park Drive Riverview, MI 48193 • PHONE: (734) 281-4242 • FAX: (734) 281-4247  | *updated 7/18/16 jb* |