



CITY OF FLAT ROCK

DEPARTMENT OF BUILDING & SAFETY

25500 Gibraltar Road, Flat Rock, MI 48134
Telephone (734)782-0445 Fax (734)783-0304
www.flatrockmi.org

PROPERTY OWNER AFFIDAVIT

_____ states the following:

(Property Owners Name)

1. I am the owner of the property at _____ Flat Rock, Michigan 48134
2. I have owned the property since _____.
3. I am aware of the City of Flat Rock Ordinance regulating the Registration and Inspection of vacant and Rental Dwellings and Maintenance thereof Section 18-404. I will comply with the requirements of Section 18-404 before entry to an oral or written lease for tenancy of the above captioned premises.
4. The Building Official or designee shall have the authority to require the owner to implement additional maintenance, security, or other measures not specified in Section 18-406, as may be reasonably required to prevent further decline of the structure and property.
5. This premise is not currently being used as a Rental Property and will not be used as a Rental Property in the immediate future.
6. These premises are: Occupied by: _____ who is my/our: _____.
<input type="checkbox"/> VACANT <input type="checkbox"/> SNOW BIRD <input type="checkbox"/> PRIMARY RESIDENT <input type="checkbox"/> RENTAL <input type="checkbox"/> SALE
7. That failure to comply is in violation of Section 18-404 and I made this affidavit for the purpose of securing a temporary exemption from the provisions therein.

Under the penalties of perjury, I hereby state that all information is true and correct.

Printed Name

Signature

Street Address

City, State, Zip

E-Mail & Phone Number