



City of Allen Park

BUILDING DEPARTMENT

15915 SOUTHFIELD ROAD
ALLEN PARK, MICHIGAN 48101-2599
PHONE: 313-928-4441 FAX: 313-928-1764
www.cityoffallenpark.org

RESIDENTIAL SALES INSPECTION APPLICATION

PROPERTY INFORMATION

PROPERTY ADDRESS: _____ ALLEN PARK, MI 48101

PROPERTY TYPE: SINGLE-FAMILY (\$175.00) TWO-FAMILY (\$175.00) Checks PAYABLE TO "CITY OF ALLEN PARK"

IS HOME VACANT? NO

YES 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

INSPECTION REQUEST

- Please allow two (2) weeks for inspections to be scheduled.
- Inspections are performed Tuesdays and Thursdays, from 9 a.m. to 4:00 p.m.
- There is a \$50 fee for cancelling a scheduled inspection (unless more than one business day notice is provided).
- Expedited inspections may be available during non-working hours for an additional \$100.00

INSPECTION DATE PREFERENCE: FIRST AVAILABLE DATE SPECIFY DAY/DATE _____
(must be confirmed)

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: _____

PROPERTY OWNER INFORMATION (IF DIFFERENT THAN APPLICANT)

NAME: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE NUMBER: _____ EMAIL ADDRESS: _____

AUTHORIZATION

By signing and submitting this application, I am authorizing The City of Allen Park 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 Allen Park 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.: \$ _____ RECEIPT #: _____ PROCESSED BY: _____