



Pittsfield Charter Township
Department of Building Services

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Laura Igna
Building Services Manager
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Mandy Grewal, Supervisor

**COMMERCIAL & VACANT PROPERTY
REGISTRATION FORM**

Property Address _____		Business Name _____	
Description of Business _____			
Type of Use: <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Assembly <input type="checkbox"/> Other: _____			
This is a new: <input type="checkbox"/> Business <input type="checkbox"/> Location <input type="checkbox"/> Construction <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other: _____			
Hours of Operation _____	Number of Employees _____	Square Footage of Facility _____	Number of Floors _____
Is the building occupied during non-business hours: <input type="checkbox"/> Yes <input type="checkbox"/> No Is this building currently vacant: <input type="checkbox"/> Yes <input type="checkbox"/> No			

Property Owner Information:

Full Name _____		Driver's License or State ID Number _____	
Mailing Address _____	City _____	State _____	Zip Code _____
Primary Phone _____	Secondary Phone _____	Email Address _____	
Name of Property Insurance Company _____		Property Insurance Company Phone Number _____	

Property Manager Information:

Property Management Company Name _____		Agent Name _____	
Mailing Address _____	City _____	State _____	Zip Code _____
Primary Phone _____	Secondary Phone _____	Email Address _____	

Emergency Contact Information:

_____	_____	_____
First Contact Name	Primary Phone Number	Secondary Phone Number
_____	_____	_____
Second Contact Name	Primary Phone Number	Secondary Phone Number

Utility Information:

(Required if registering a vacant property)

Please indicate the status of the utility services at the above listed property:	
1) The water service is:	<input type="checkbox"/> turned on <input type="checkbox"/> turned off
2) The gas service is:	<input type="checkbox"/> turned on <input type="checkbox"/> turned off
3) The electric service is:	<input type="checkbox"/> turned on <input type="checkbox"/> turned off
Has the property been winterized?	<input type="checkbox"/> Yes <input type="checkbox"/> No

All changes in the required information must be provided to the Department of Building Services in writing within 30 days of the change.

Property Owner Signature Printed Name Date

Property Manager Signature Printed Name Date

Cc: Public Safety
 Utilities Department