

**Non-Owner Occupied Residential Property Registry
 Application**

Fees Calculate by entering number of structures and units

No.	Type	Amount		
_____	Structures	x \$30 each	=	\$ _____
_____	Units	x \$10 each	=	\$ _____
Late fees (if applicable)				
_____	Days Late	x \$5/unit/day	=	\$ _____
<i>Late fees = \$5 per unit for each day late</i>				Total: \$ _____

Make checks payable to City of Jackson

For Office Use Only	
CRR # _____	
Expiration Date: _____	

Date: _____

Section I – Type of Registration

- New Change in: Property Owner information
 Renewal Local Resident Agent information

Section II – Property Information

Property Information:

Address: _____

Dwelling Information:

Type of Dwelling: Single Family Duplex Multiple Family Boarding/Rooming House
 Other (list type) _____

Total No. of Dwelling Units _____ No. of Owner-Occupied Units _____

Heating System: Electric Gas Oil Propane Other _____

No. of furnaces/boilers _____ Air Conditioning: Window Unit(s) Central None

Water Heating System: Electric Gas Oil Propane Other _____ No. of water heaters _____

No. of electric meters _____ No. of electric panels _____ No. of gas meters _____

Section III – Property Owner’s Information

Property Owner’s Information:

Property Owner Name: _____

Home Phone: (_____) _____

E-mail Address: _____

Cell Phone No. (_____) _____

Classification of Ownership:

- Individual/Sole Proprietor Personal Representative of Estate Trust
 LLC Association S Corporation C Corporation Partnership
 Other _____

Work Phone No. (_____) _____

Drivers License No./State ID: _____

Tax ID or Employer ID No.: _____

Qualifying Officer Name: _____

Property Owner Address

Physical Address: _____

Mailing Address (if different): _____

Miles from Jackson County: _____ *If more than 75 miles outside Jackson County, designation of Responsible Local Agent is required. Please complete Section VI below.*

Section IV – Dwelling Unit Information

Please complete for each dwelling unit at the property address. Fill out additional pages as needed.

Structure No. _____	Unit No. _____	Currently Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Bedrooms _____		If not occupied, how long vacant? _____ months
No. of Kitchens _____	No. of Bathrooms _____	
No. of smoke detectors _____	Type of smoke detectors: <input type="checkbox"/> Battery <input type="checkbox"/> Hard wired & battery backed	

Structure No. _____	Unit No. _____	Currently Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Bedrooms _____		If not occupied, how long vacant? _____ months
No. of Kitchens _____	No. of Bathrooms _____	
No. of smoke detectors _____	Type of smoke detectors: <input type="checkbox"/> Battery <input type="checkbox"/> Hard wired & battery backed	

Structure No. _____	Unit No. _____	Currently Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Bedrooms _____		If not occupied, how long vacant? _____ months
No. of Kitchens _____	No. of Bathrooms _____	
No. of smoke detectors _____	Type of smoke detectors: <input type="checkbox"/> Battery <input type="checkbox"/> Hard wired & battery backed	

Structure No. _____	Unit No. _____	Currently Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Bedrooms _____		If not occupied, how long vacant? _____ months
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No. of smoke detectors _____	Type of smoke detectors: <input type="checkbox"/> Battery <input type="checkbox"/> Hard wired & battery backed	

Structure No. _____	Unit No. _____	Currently Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of Bedrooms _____		If not occupied, how long vacant? _____ months
No. of Kitchens _____	No. of Bathrooms _____	
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Section VII – Agreement

I hereby attest the above information is true and correct to the best of my information, knowledge, and belief. I am aware that a false statement or dishonest answer may be grounds for denial of my registration, or may be punishable by law.

I further acknowledge and affirm should any information submitted on this registration form change, I will notify the Department of Neighborhood & Economic Operations within ten (10) days and submit an amended registration without cost. I further understand that failure to update information within ten (10) days is a violation of Chapter 14, Section 14-8 of the City of Jackson Code of Ordinances and will be subject to late fees and penalties provided in Chapter 2.5 of the Code.

Date

Property Owner Signature

Property Owner Printed Name

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PIN: _____ Ward _____ Zoning _____ Non-Conforming Use? Yes No

Is property condemned? Yes No If **yes**, do not process registration.

Date Received (or Postmark Date): _____

Action	Initials	Date
<input type="checkbox"/> Registration entered in BS&A	_____	_____
<input type="checkbox"/> Owner information double checked/updated	_____	_____
<input type="checkbox"/> Property Manager information double checked/updated	_____	_____
<input type="checkbox"/> RLA information, including determination whether an RLA is required, double checked	_____	_____
<input type="checkbox"/> Application scanned to BS&A	_____	_____