



Department of
Administrative Hearings

APPLICATION FOR DAH BLIGHT CLEARANCE

PLEASE PRINT & COMPLETE IN FULL

I am an Applicant for a Buildings Safety Engineering & Environmental (BSEED): permit certificate variance
 other _____

for Property located at: _____ Property Owner's Name: _____

Applicant's Name: _____ Applicant is: Property Owner Contractor Other: _____
First Last

Applicant's Address _____
Street Address, City & State & Zip

Applicant's Company Name & Address: _____

Phone: _____ Email Address _____
(area code) xxx-xxxx

List ALL Property Addresses owned/have been owned by: APPLICANT, PROPERTY OWNER and related entities (use back of this sheet if needed):

I certify that the information above is true to the best of my knowledge and understand that providing false information may deem me, my company AND the owner of the property ineligible for BSEED permit, certificate or variance.

Applicant Signature: _____ Date: _____

Return this form to DAH via: Email: dah_cs@detroitmi.gov Mail/In-Person: Department of Administrative Hearings
Fax: 313 224-7923 Woodward Ave., Suite 1004, Detroit, MI 48226

DO NOT WRITE IN THIS SECTION - DAH STAFF ONLY

_____ Blight Clearance Issued Date/Time: _____

By: _____