



**City of Flint**  
**Department of Business and Community Services**  
**1101 S Saginaw Street Room S105, Flint, MI 48502**  
**Phone: (810)766-7426**  
<https://www.cityofflint.com/department/bcs/>

## Affidavit & Consent of Owner

Project \_\_\_\_\_

Docket \_\_\_\_\_  
 (If Applicable)

***Complete and submit if applicant is different from the property owner.***

I (we) \_\_\_\_\_  
 NAME(S)

After being first duly sworn, depose and say:

1. That I/we are the owner(s) of the real estate located at \_\_\_\_\_  
 (Please include the Address(es) and Parcel Identification Number(s) (PID))  
 (For requests that appertain to multiple parcels of real property attach (a) notarized exhibit(s) to this affidavit)
2. That I/we have read and examined the Application, and are familiar with its contents.
3. That I/we have no objection to, and consent to such request as set forth in the application.
4. Such request being made by the applicant ( \_\_\_ is ) ( \_\_\_ is not ) a condition to the sale or lease of the above reference property.

\_\_\_\_\_  
 (AFFIANT)

STATE OF MICHIGAN )

) SS:

COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
 (Day) (Month) (Year)

Seal:

\_\_\_\_\_  
 (Print)

\_\_\_\_\_, Notary Public  
 (Signature)

My Commission expires: \_\_\_\_\_

County of Residence: \_\_\_\_\_