様式第1号(第5条関係)

空き家情報バンク登録(変更)申請書

　　年　　月　　日

　赤磐市長　　様

※登録番号【　　　　　　　　】

赤磐市空き家情報バンク制度要綱第5条第1項の規定により登録したいので、申請します。

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 登録申込者 | 住所 | 〒 | | |
| 氏名 |  | 生年月日 |  |
| 電話番号 |  | FAX番号 |  |
| Eメール |  | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 物件所在地 | | 赤磐市 | | | | | | 建築年 | | 年 |
| 面積 | | 土地 | | m2 | | | | 構造 | | □木造  □鉄骨  □軽量鉄骨 |
| 建物 | | 1階 | m2 | | |
| 2階 | m2 | | |
| 付帯物件 | | □有(　　　　　　　　　　　　　)　□無 | | | | | | |
| 建物の設備状況 | | 電気 | | □有　　　□無 | | | | | | |
| ガス | | □有　　　□無 | | | | | | |
| 水道 | | □有　　　□無 | | | | | | |
| 下水道等 | | □有　　　□無　　　□その他(　　　　　　　　　　) | | | | | | |
| 風呂 | | □電気　　□ガス　　□灯油　　□その他(　　　　　　　　) | | | | | | |
| トイレ | | □水洗　　□汲み取り　　　／　　　□和式　　□洋式 | | | | | | |
| 駐車場 | | □有(　　　　　　　　台分)　　　　□無 | | | | | | |
| 空き家になった時期(なる時期) | | | | | | 年頃 | | | | |
| 補修の要否 | | | □補修は不要  □多少の補修が必要  □大幅な補修が必用 | | | 補修の費用負担 | □所有者負担  □利用者負担  □その他(　　　　　　　　　　　　) | | | |
| 売却・賃貸の意思 | | | □売却のみ  □賃貸のみ  □売却・賃貸の両方 | | | 希望価格 | 売却 | | 円 | |
| 賃貸 | | 円／月 | |
| 農地の有無 | | | □有　　　　　　□無 | | | | | | | |
| 要望・必要事項など | | |  | | | | | | | |
| 建物所有者 | 住所 | |  | | | | | | | |
| 氏名 | |  | | | | | 電話番号 | |  |
| 土地所有者 | 住所 | |  | | | | | | | |
| 氏名 | |  | | | | | 電話番号 | |  |

※申請者は、家屋に係る所有権又は売却若しくは賃貸を行うことができる権限を有する者に限ります。なお、家屋の所有権等を有する者が複数の場合は、全員の承諾書をあわせて提出してください。

※裏面に間取り図と付近見取り図をご記入ください。

　また、外観、内装写真を数枚添付してください。

※この申込書に記載された事項は、本制度の目的以外には使用しません。

(裏)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 《間取り》※別紙可 | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 《付近見取り図》※別紙可 | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |