Michigan Department
Of Transportation
4799 (7/02)

PRELIMINARY INTERVIEW (Airport)

☐ **Residential Owner** ☐ **Residential Tenant** ☐ **Business / Farm**

1. PROPERTY ADDRESS:

2. OWNER(S) OF RECORD AND ADDRESS (IF ADDRESS IS DIFFERENT FROM ABOVE):

3. PHONE NO. (Home/Cell):	4. PHONE NO. (Work):	5. BEST TIME TO CONTACT OWNER: ☐ AM ☐ PM
6. PARTY INTERVIEWED:	7. SOCIAL SECURITY NO. / FEDERAL I.D. NO.:	
8. IS THE OWNER / TENANT A U.S. CITIZEN? ☐ YES ☐ NO	9. IS THE OWNER A LAND CONTRACT PURCHASER? ☐ YES ☐ NO	10. IS THIS A SEASONAL DWELLING? ☐ YES ☐ NO
11. INTERVIEWED BY:	12. DATE OF INTERVIEW:	

Please inform the Interviewee - Accommodations under the Americans With Disability Act will be provided if requested by the owner, the tenant or their representative.

TITLE, LAND AND PLAN DATA

13. ARE PARTIES OF INTEREST CORRECT ON TITLE EVIDENCE? ☐ YES ☐ NO
IF NO, EXPLAIN:

14. IS MARITAL STATUS CORRECT? ☐ YES ☐ NO
IF NO, EXPLAIN:

15. DOES TITLE EVIDENCE/PLANS DESCRIBE CONTIGUOUS PROPERTY? ☐ YES ☐ NO
IF NO, DESCRIBE:

16. AREA OF TOTAL OWNERSHIP:
HECTARES _____ SQ. METERS _____
ACRES _____ SQ. FEET _____

17. LIST ANY SPECIAL NEEDS:

_____

18. IS THERE A : YES NO
MORTGAGE? ☐ ☐
LAND CONTRACT? ☐ ☐
LEASE IN WRITING? ☐ ☐

19. BUILDING INFORMATION:
☐ HOUSE ☐ MOBILE ☐ APT. ☐ BUSINESS ☐ FARM

☐ 1 STORY
☐ 2-STORY
☐ OTHER (Describe): _____

20. LIST OUTBUILDINGS: _____

21. IF PARTIAL ACQUISITION, WILL THERE BE DAMAGES? ☐ YES ☐ NO
IF YES, DESCRIBE:

_____

ENVIRONMENTAL DATA

22. WATER AND SEWER: YES NO
PUBLIC WATER SUPPLY? ☐ ☐
PUBLIC SEWER? ☐ ☐
WATER WELL ON SITE? ☐ ☐

IF YES, HOW MANY: _____
LOCATION: _____

23. IS THERE A SEPTIC SYSTEM ON THE SITE? ☐ YES ☐ NO

IF YES, HOW MANY? _____
LOCATION: _____

24. ARE THERE UNDERGROUND IMPROVEMENTS (i.e. drain tile, sprinklers, etc.)? ☐ YES ☐ NO

IF YES, DESCRIBE: _____

ARE THEY REGISTERED WITH STATE FIRE MARSHALL? ☐ YES ☐ NO

25. ARE THERE ABOVE-GROUND STORAGE TANKS? YES NO
ARE THEY CURRENTLY USED? ☐ ☐
WHAT DO OR DID THEY STORE? _____
LOCATION:

_____

26. ARE THERE UNDERGROUND STORAGE TANKS? ☐ ☐
ARE THEY CURRENTLY USED? ☐ ☐
WHAT DO OR DID THEY STORE? _____
LOCATION: _____

27. HAS THE PROPERTY BEEN USED FOR ANYTHING OTHER THAN ITS PRESENT USE? ☐ YES ☐ NO
IF YES, DESCRIBE:

_____

28. IS THE PROPERTY ENROLLED IN THE FARMLAND/ OPEN SPACES PRESERVATION ACT OF 1974 (ACT 116)? ☐ YES ☐ NO
OR
LISTED UNDER THE COMMERCIAL FOREST ACT 94 OF 1925, AS AMENDED? ☐ YES ☐ NO

Parcel No.:	**Project No.:**

Owner Name(s):

Clear Form

MDOT 4799 (7/02)

OCCUPANT DATA

29. NAME OF OCCUPANT	RELATION	U.S. CITIZEN?	SEX	AGE	NAME / ADDRESS OF EMPLOYER OR OTHER SOURCE OF INCOME	YEARLY INCOME	WORK DISTANCE

RESIDENTIAL OWNER ☐ Applicable ☐ Non-Applicable

30. DATE FIRST OCCUPIED: _____

31. TYPE OF HOUSING:
☐ HOUSE ☐ MOBILE HOME ☐ MULTI-UNIT
☐ CONDO ☐ OTHER _____

32. TOTAL NUMBER OF ROOMS: _____

33. NO. OF BEDROOMS: _____ 34. NO. OF BATHROOMS: _____

35. SQ. FOOTAGE OF DWELLING: _____ SQ. METERS: _____

36. IS THERE A:

	YES	NO
BASEMENT?	☐	☐
CRAWL SPACE?	☐	☐
SLAB?	☐	☐

37. SCHOOL DISTRICT:

38. MORTGAGE ☐ LAND CONTRACT ☐:
PAYMENT AMOUNT:

39. BALANCE ON MORTGAGE / LAND CONTRACT:

40. YEARS REMAINING ON BALANCE:

41. INTEREST RATE:

42. EXTERIOR CONSTRUCTION:

RESIDENTIAL TENANT ☐ Applicable ☐ Non-Applicable

43. NAME OF TENANT:

44. UNIT NO.:

45. TELEPHONE NO.:

46. DATE FIRST OCCUPIED: _____

47. TYPE OF HOUSING:
☐ HOUSE ☐ MOBILE HOME ☐ MULTI-UNIT
☐ CONDO ☐ OTHER _____

48. TOTAL NUMBER OF ROOMS: _____

49. NO. OF BEDROOMS: _____ 50. NO. OF BATHROOMS: _____

51. SQ. FOOTAGE OF DWELLING: _____ SQ. METERS: _____

52. IS THERE A:

	YES	NO
BASEMENT?	☐	☐
CRAWL SPACE?	☐	☐
SLAB?	☐	☐

53. RENT PAYMENT AMOUNT:

54. ARE UTILITIES PAID IN RENT? YES ☐ NO ☐

55. MONTHLY UTILITIES:

	AMOUNT	NAME OF COMPANY
ELECTRIC		
GAS		
OIL		
PROPANE		
WATER/SEWER		

56. ANNUAL HOUSEHOLD INCOME:

57. REMARKS:

BUSINESS / FARM ☐ Applicable ☐ Non-Applicable

58. TYPE OF OCCUPANCY:
☐ OWNER ☐ TENANT

59. YEARS IN OPERATION:

60. TYPE OF OPERATION:
☐ BUSINESS - NAME OF BUSINESS _____
☐ NON-PROFIT - NAME OF NON-PROFIT _____
☐ FARM - TYPE OF FARM _____

61. DESCRIBE PRIMARY ACTIVITY:

62. DO YOU ANTICIPATE ANY UNIQUE PROBLEMS IN RELOCATING YOUR BUSINESS? YES ☐ NO ☐ UNCERTAIN ☐
IF YES, DESCRIBE:

63. DOES THE BUSINESS REQUIRE ANY SPECIAL LICENSES, PERMITS, OR CERTIFICATES? ☐ ☐
IF YES, LIST THEM:

64. IF LANDLORD, NO. OF UNITS IN BUILDING: _____
NAMES OF TENANTS: _____

RELOCATION ☐ Applicable ☐ Non-Applicable

65. DID YOU:

	YES	NO		YES	NO
DESCRIBE THE PROJECT?	☐	☐	EXPLAIN APPRAISAL PROCEDURES?	☐	☐
EXPLAIN EFFECT OF PROJECT ON THIS PARCEL?	☐	☐	EXPLAIN RELOCATION /BENEFITS?	☐	☐
GIVE ESTIMATE OF CONSTRUCTION SCHEDULE?	☐	☐	LEAVE RELOCATION BOOK?	☐	☐

Clear Form