



Application for a Certificate of Registration for a Vacant Building

This application must be legible and all requested information must be completed before application can be processed

Check one: New Application Renewal (Current registration expires _____)

APPLICANT

Last Name: _____ First: _____ M: _____

Address: _____
Street City State ZIP

Mailing Address: _____
Street City State ZIP

Phone: _____ Fax: _____ Email Address: _____

OWNER OF VACANT BUILDING

Are there multiple owners? Yes No (If yes, submit other owners information on separate sheet)

Is the owner an individual? Yes No (If the owner is not an individual, list the high managerial agent of the owner and a copy of the documents establishing the business)

Last Name: _____ First: _____ M: _____

Address: _____
Street City State ZIP

Mailing Address (No P.O. Box): _____
Street City State ZIP

Phone: _____ Fax: _____ Email Address: _____

MORTGAGE, LIEN HOLDER OR OTHER PERSON with a financial or legal interest in the Vacant Building

If more than one, submit information on separate sheet.

Last Name: _____ First: _____ M: _____

Address: _____
Street City State ZIP

Mailing Address: _____
Street City State ZIP

Phone: _____ Fax: _____ Email Address: _____

NAME, ADDRESS AND NUMBER for the Vacant Building and all Dwelling Unit Numbers

For unit numbers, submit a separate sheet depicting which units are in which buildings.

Name(s) of the Vacant Building: _____

Address(es): _____

EMERGENCY CONTACT

Must be at least 21 years old, authorized by the owner to make decisions regarding day-to-day supervision, management and maintenance of the vacant building, be able to be contacted 24/7 and able to arrive within one hour of being contacted by the city in an emergency.

Last Name: _____ First: _____ M: _____

Address: _____
Street City State ZIP

Mailing Address (No P.O. Box): _____
Street City State ZIP

Phone: _____ Fax: _____ Email Address: _____

GENERAL

Use of Building: _____

Number of: Vacant Buildings _____ Pools _____ Structures _____

Number of: Dwelling Units _____ Accessory Structures _____

Square Footage of Building (use separate sheet for multiple buildings): _____

Last Date Vacant Building was Occupied: _____

Description of any Hazardous Materials, Uses or Conditions that Currently Exist in the Vacant Building:

Number of Tanks (including underground gasoline storage tanks): _____

- Submit Proof of Insurance** (an amount of not less than \$1,000,000 and must list the city as an additional insured)
- Submit a Sketch of Diagram Showing the Configuration of the Vacant Building(s) and Premises** (it does not need to be professionally prepared but must be drawn to scale to an accuracy of plus or minus six inches)
- Submit Documentary Evidence of Payment of Ad Valorem Taxes Owed in Connection with the Vacant Building or the Premises on Which it is Located**
- Submit a Vacant Building Plan**, Including the Following:
 1. The amount of time that the building is expected to remain vacant;
 2. A plan and time table for correcting all current violations of city ordinances and state and federal law at the building or its premises;
 3. A plan for regular maintenance of the building during vacancy in compliance with city ordinances and state and federal law;
 4. The measures that will be taken to reduce the adverse impact on the properties surrounding the vacant building during its vacancy, including provisions for lighting, security patrols, alarm systems and fire suppression systems or execution of a trespass affidavit, allowing peace officers to enforce criminal trespass laws at the property; and
 5. The measures the owner will take to monitor and inspect the vacant building and premises on at least a weekly basis; such inspection must be performed by a person at least 21 years old and authorized by the owner to make decisions regarding the day-to-day supervision, management and maintenance of the vacant building.

I hereby certify that all of the information submitted with this application is true and correct to the best of my knowledge. I will notify the Building Official in writing of any change in the information contained in this application with seven days. This certificate will expire in one year.

Applicant Name _____ Signature _____ Date _____



TO BE COMPLETED BY CITY PERSONNEL

License Number: _____ Approved By: _____ Date: _____

Fees: \$250 (administrative fee) plus \$75 (annual inspection)
\$20 Replacement or Duplicate Certificate

Total Fee Due: _____ Receipt Number: _____ By: _____

Previous C/O Revoked? _____