Vacant Building Registration Statement

Owners have 30 days from the date the building becomes vacant to file this form. The cost to register is free for the initial filing and the 6-month period. If after the six month period the building continues to remain vacant, an inspection of the building will be made and a fee will be charged. Each subsequent one-year period of vacancy will trigger a re-inspection and fee. Owner is responsible for all exterior and interior as well as lot maintenance. Failure to properly maintain the vacant building could result in increased renewal fees.

Building Information:		
Building Address:		
Parcel #:	Building Name:	
Date Building Became Vacant:		
Date building Ownership Transfer	red to This Owner if in the P	ast year:
Date Water Utility Disconnected:	Date Power I	Utility Disconnected:
Brief Description of Future Plans f		
Security Measures in Place:		
Owner Contact Information:		
Owner Name:		
Doing Business As (If Applicable)):	
Mailing Address:		
City:	State:	Zip:
Home Phone:		
Email Address		
(optional):		
Property Management or Agent Complete this section to provide the r	most readily available means to	contact a responsible party regarding
this property. Please provide access to	o interior of building and/or uni	ts for inspection.
Manager or Agent's Name:	C	ompany:
Mailing Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email Address (optional):		
AFFIDAVIT: I hereby certify that the application, to the best of i		0 0 11
Signature of Owner:	Date:	
D.:		
Office Use Only: Date Application	n Received: R	eceived by: