



VACANT PROPERTY/BUILDING REGISTRATION FORM

All vacant properties/buildings must register with the City of Wickliffe Building Department in accordance with the Vacant Buildings Registration Ordinance Section 1175 of the City of Wickliffe Codified Ordinances. Please complete this form for each vacant property address. Temporary exemptions for disaster-affected properties, structures actively under construction, properties listed with a licensed realtor in the State of Ohio, or a vacant property that is being marketed for rent may be approved upon **written request**.

SECTION I. ADDRESS/ES OF VACANT PROPERTY/BUILDING (Required)

Street Address/es _____

SECTION II. PROPERTY OWNER INFORMATION (Required)

No P.O. Boxes permitted; must provide a building address.

If Individual Owner or Designated Agent, please complete the following:

Property Owner's Name: _____

Owner's Address: _____

City/State/Zip: _____ Telephone Number: _____

Designated Agent or Contact: _____ Telephone Number: _____

Address/City/State/Zip: _____

Email Address: _____ Fax Number: _____

If Partnership, Corporation, Trust or Other, please complete the following:

Please use the supplemental form to list each additional partner, officer, or trustee.

Tax ID Number of Partnership or Corporation: _____

Name of Partnership or Corporation: _____

Contact Person: _____ Title: _____

Designated Agent or Contact Person: _____

Address/City/State/Zip: _____

Telephone Number: _____ Fax Number: _____ Email: _____

Address/es of Vacant Property/Building Exemption is being Requested:

1. _____

2. _____

3. _____

4. _____

5. _____

Property Owner Information (Required)

P.O. Boxes are prohibited, must supply building address.

If Individual Owner or Designated Agent, please complete the following:

Property Owner's Name: _____

Owner's Address: _____

City/State/Zip: _____ Telephone Number: _____

Designated Agent or Contact: _____ Telephone Number: _____

Address/City/State/Zip: _____

Additional Information as Requested: (attach if necessary)

I, hereby acknowledge that the information provided above is complete and accurate. I have read and understand Ordinance No. 2012-37 for owning a vacant property in the City of Wickliffe and agree to comply with these requirements. In accordance with the Ordinance, I agree to notify any future owner of this vacant building registration.

Applicant's Signature: _____ Date: _____

Subscribed and duly worn before me according to the law by the above-named applicant this _____ day of _____, 20____, in the City of _____ State of _____.

Notary Public

SECTION III. VACANT BUILDING PLAN (Required)

I hereby submit a plan (Please Check): Demolition Secure Vacancy Rehabilitation

SECTION IV. PROOF OF INSURANCE (Required)

If submitting a plan of demolition, please also provide proof of holding in escrow with the City of Wickliffe, the amount of \$10,000, for a residential property of \$75,000 for a commercial property. Escrow funds will be released upon completion of the submitted plan. Use additional paper to outline further details pertaining to your plan.

Escrow for Demolition: Yes No

SECTION V. FEES (Required)

Please make sure checks payable to City of Wickliffe: The vacant property registration payment included with this form pertains to the current year of vacancy and is (Please Check):

Residential:	\$200.00 - 1st yr.	\$400.00 - 2nd yr.	\$800.00 - 3rd yr.	\$1,600.00 - 4th yr.	\$3,200.00 - 5th yr. or later
Commercial:	\$400.00 - 1st yr.	\$800.00 - 2nd yr.	\$1,600.00 - 3rd yr.	\$3,200.00 - 4th yr.	\$6,400.00 - 5th yr. or later

I, hereby request to register the vacant property/building listed above and acknowledge that the information above is complete and accurate. I have read and understand Ordinance No. 2012-37 for owning a vacant property in the City of Wickliffe and agree to comply with these requirements. In accordance with this Ordinance, I agree to notify any future owner of this vacant building registration.

Applicant's Signature: _____ Date: _____

Subscribed and duly worn before me according to the law by the above-named applicant this _____ day of _____, 20____, in the City of _____ State of _____.

Notary Public