

CITY OF WICKLIFFE, OHIO

**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 Owners Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

Designated Agent or Contact: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_ Fax No. \_\_\_\_\_

*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 Corp. \_\_\_\_\_

Name of Partnership or Corporation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Designated Agent or Contact Person: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ 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 bldg.. address

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

Property Owners Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

Designated Agent or Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

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.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....

Subscribed and duly sworn 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 Circle): Demolition I Secure Vacancy I 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 or \$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 circle):

Residential: \$200- 1<sup>st</sup> yr \$400 2<sup>nd</sup> yr. \$800 3<sup>rd</sup> yr \$1600 4<sup>th</sup> yr \$3200 5<sup>th</sup> yr

(see Separate sheet for 6 year fee through 15 years fee max) attached

Commercial: \$400 1<sup>st</sup> yr. \$800 2<sup>nd</sup> yr. \$1600 3<sup>rd</sup> yr \$3200 4<sup>th</sup> yr, \$6400 5<sup>th</sup> yr

(see Separate sheet for 6 year fee through 15 year fee max) attached

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 o 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 sworn before me according to the law, by the above named applicant this day \_\_\_\_\_-in the City of \_\_\_\_\_

Notary Signature: \_\_\_\_\_

<b>Year</b>	<b>Residential Vacant Building Fee</b>	<b>Commercial Vacant Building Fee</b>
1	\$200.00	\$400.00
2	\$400.00	\$800.00
3	\$800.00	\$1,600.00
4	\$1,600.00	\$3,200.00
5	\$3,200.00	\$6,400.00
6	\$6,400.00	\$12,800.00
7	\$12,800.00	\$25,600.00
8	\$25,600.00	\$51,200.00
9	\$51,200.00	\$102,400.00
10	\$102,400.00	\$204,800.00
11	\$204,800.00	\$409,600.00
12	\$409,600.00	\$819,200.00
13	\$819,200.00	\$1,638,400.00
14	\$1,638,400.00	\$3,276,800.00
15	\$3,276,800.00	\$6,553,600.00