

VACANT PROPERTY/BUILDING REGISTRATION FORM

All vacant properties/buildings must be registered with the City of Mentor Economic and Community Development Department in accordance with the Vacant Dwelling Registration Ordinance – Section 1373 of the Mentor Codified Ordinance. Please complete this form for each vacant dwelling 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**. For more information on the Vacant Dwelling Registration Program, please go to the City of Mentor website at www.cityofmentor.com, and then to City Departments (under the LIVE tab) and select the Economic and Community Development page.

Section I: Address of Vacant Property/Building (Required)

Street Address: _____

Section II: Property Owner Information (Required)

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

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

Property Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Designated Agent or Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

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 Name: _____ Title: _____

Designated Agent or Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

City of Mentor
Economic and Community Development Department
8500 Civic Center Blvd. ♦ Mentor, Ohio 44060
♦ (440) 974-5740

Section III: Local Agent / Property Manager (If owner is outside of local area)

Please list Name, Address, Phone number and any additional information necessary to contact for interior and exterior inspections.

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

Additional Remarks: _____

Section IV: Vacant Building Plan (Required)

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

Section V: Proof of Insurance (Required)

If submitting a plan of demolition, provide proof of deposit with the City of Mentor. Use additional paper to outline further details pertaining to your plan.

Deposit for Demolition: Yes No

Section VI: Fees (Required)

Please make checks payable to **City of Mentor**. The vacant property registration payment included with this form pertains to the current year of vacancy and is \$200.00 per year

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 the Vacant Dwelling Registration Ordinance for owning a vacant dwelling the City of Mentor 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:** _____