

# CITY OF MENTOR

## VACANT PROPERTY/BUILDING REGISTRATION FORM



All vacant properties/buildings must be registered with the City of Mentor Planning & 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 additional information on the Vacant Dwelling Registration Program, please visit [www.cityofmentor.com/code-enforcement](http://www.cityofmentor.com/code-enforcement).

### **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: \_\_\_\_\_

### **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:** \_\_\_\_\_