



VACANT BUILDING REGISTRATION FORM

Vacant Property Address _____

Permanent Parcel ID Number (as printed on your real estate tax bill) _____

Pursuant to Section 1351.33, *Registration of Vacant Dwelling Structures*, and 1369.17, *Registration of Vacant Business Structures*, the owner of any building that has become vacant must register with the Housing Inspections Department within 60 days after the building becomes vacant and every calendar year thereafter so long as the building remains vacant. Please complete this form, enclose a check or money order for \$200.00 made payable to the **City of Cleveland Heights, and mail to: City of Cleveland Heights Housing Inspections Department, 40 Severance Circle, Cleveland Heights, Ohio 44118. DO NOT MAIL CASH.**

Please fill out the information requested in the following sections. Any updates to the information contained on this form shall be reported to the Housing Inspections Department within 20 days of the change by filing an Amended Registration Statement.

SECTION I

BUILDING INFORMATION

A. Primary Use of Building.

Residential

Commercial

B. Number of Units within Building _____

SECTION II

OWNERSHIP INFORMATION

A. Please list the name(s), street address, and phone number of all OWNERS of the property.

Please note the term "Owner" includes, among others, mortgagees if they have assumed control or possession of the property.

NAME _____

Street address(**no P.O.Box**) _____

City _____ State _____ Zip _____ Phone _____

County _____ ****Please note if the property owner resides outside of Cuyahoga County then an Out-of-County Owners Form will also need to be completed and submitted with payment of \$100.00.****

B. The Ordinance requires that if the property is held in a land trust, the beneficiary of the trust must be disclosed.

NAME _____

Street address(**no P.O.Box**) _____

City _____ State _____ Zip _____ Phone _____

-----COMPLETE REVERSE SIDE OF THIS FORM-----

C. Pursuant to C.O.C.H. 1351.34 & 1369.16, requires that each owner designate an **Authorized Agent** who resides or maintains a physical place of business in Cuyahoga County. An owner who satisfies this criteria may designate himself/herself as **Agent**. Please list name, street address and phone number of the **Authorized Agent** designated for receiving official notices and service of process.

NAME _____

Street address(**no P.O.Box**) _____

City _____ State _____ Zip _____ Phone _____

D. Please list the name(s), street address(es), and phone number(s) of all other mortgagees, lessees, lien-holders and other persons with an interest in the property.

NAME _____

Street address(**no P.O.Box**) _____

City _____ State _____ Zip _____ Phone _____

NAME _____

Street address(**no P.O.Box**) _____

City _____ State _____ Zip _____ Phone _____

SECTION III

CONDITION/STATUS OF BUILDING

A. Building

Utilities shut off

B. Property

In Foreclosure, Case # _____

Secured

In Bankruptcy, Case # _____

NOTE: Building must be secured according to Rules and Regulations.

I hereby certify that I have examined this Vacant Building Registration Form and that, to the best of my knowledge and belief, it is true, accurate and complete.

Signature

Date

Printed Name

** DO NOT MARK BELOW THIS LINE **

Date Received _____ Amount Paid _____ Received By _____

Paid by Cash Credit Card Check Check number _____