Vacant & Neglected Building Registration Application Form

(PLEASE PRINT)

A.
Vacant Building Address: ________________________________

GPN #: __________________ Legal Description: ________________________________

Property Type: Residential / Commercial  Description of Property: ________________________________

   Circle appropriate Type

B.
Legal Owner’s Information: ____________________________ Phone #: (____) ______

   Full Name (first/middle/last)

Owner Address: ______________________________________________________

   Street __________________________ City __________________________ State ______ Zip ______

Email Address: ______________________________________________________

Cell Phone #: (____) ______

If more than one (1) owner, enter that information on Page 2

C.
Mortgage Lenders Information: ____________________________ Phone #: (____) ______

   Name of Lender or Lien Holder

Mortgage Holders Address: ______________________________________________

   Street __________________________ City __________________________ State ______ Zip ______

Email Address: ______________________________________________________

   Account # __________________________

If more than one (1) mortgage holder or lien holder enter that information on page 2

D.
The Abatement Plan shall become part of this Registration Application Form. This application may not be accepted without the Abatement Plan.

E.
The registration fee of $250.00 is due at the time of this application submittal.

The person signing this form acknowledges that the information entered is true and accurate.

Applicant Signature: ____________________________ Date: ________________

This application along with all required documents and registration fees shall be returned to the City of Cedar Rapids Building Services Department located at: 500 15th AVE SW, Cedar Rapids, IA 52404 (319) 286-5831

Building Services Department USE ONLY below this line

Application reviewed & accepted by: ____________  Inspection scheduled for – Date: ____________  Time: ____________

Abatement Plan reviewed & accepted by: ____________  Abatement Plan Modified: Y / N  Date Accepted: ____________

Registration Fee Paid: Check/CC/Cash  Nuisance Officer Assigned: ____________

(12/2015JHR)  City of Cedar Rapids – Building Services Department – Vacant Building Registration #__________________________
If you have designated someone other than yourself as the contact for this property please enter their
text

Person Designated as Contact for this property: ____________________________________________

Name (Company Name & Individual to be contacted)

Address: ____________________________________________ ____________________________________________

Street City State Zip

Email Address: ____________________________________________ Phone #: ( )

Additional contact & lender information may be listed below.

Additional -

Legal Owner’s Information: ____________________________________________ Phone #: ( )

Full Name (first/middle/last)

Owner Address: ____________________________________________ ____________________________________________

Street City State Zip

Email Address: ____________________________________________ Cell Phone #: ( )

Additional -

Legal Owner’s Information: ____________________________________________ Phone #: ( )

Full Name (first/middle/last)

Owner Address: ____________________________________________ ____________________________________________

Street City State Zip

Email Address: ____________________________________________ Cell Phone #: ( )

Additional -

Mortgage Lenders Information: ____________________________________________ Phone #: ( )

Name of Lender or Lien Holder

Mortgage Holders Address: ____________________________________________ ____________________________________________

Street City State Zip

Email Address: ____________________________________________ Account #

Please enter any other information about this property that would help identify other parties of interest.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Nuisance Abatement Officer Comments: (if applicable)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________