

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE  
BUILDING DEPARTMENT WITHIN THIRTY (30) DAYS OF RECEIPT**

All vacant properties/buildings must register with the City of Willowick Building Department in accordance with the Vacant Buildings Registration Ordinance Chapter 1338 of the City of Willowick 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**.

Under Section 1338.99, Penalty: Any person who violates any provision of this Chapter or of the Rules and Regulations issued hereunder shall be fined not less than \$1,000.00 (One thousand dollars) for each offense. Every day that a violation continues shall constitute a separate offense. Unpaid registration fees and fines shall be an assessment on the property enforceable in the same manner as assessments for delinquent taxes.

**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 Owner's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

Designated Agent or Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_ Fax # \_\_\_\_\_

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: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address/es of Vacant Property/Building Exemption being Requested:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Property Owner Information (Required)**

P.O. Boxes are prohibited, must supply building address.

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

Property Owner's Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone # \_\_\_\_\_

Designated Agent or Contact: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

Additional Information as Requested: (attach if necessary)

\_\_\_\_\_  
\_\_\_\_\_

**SECTION III. VACANT BUILDING PLAN (Required)**

I hereby submit a plan (Please Check): \_\_\_\_\_ Demolition \_\_\_\_\_ Secure Vacancy \_\_\_\_\_ 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 Willowick, the amount of \$10,000.00 for a residential property, or \$75,000.00 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 are payable to the City of Willowick. The vacant property registration payment included with this form pertains to the current year of vacancy and is (Please Check):

Residential: \_\_\_\_\_ \$150.00 – 1<sup>st</sup> yr.    \_\_\_\_\_ \$200.00 – 2<sup>nd</sup> yr.    \_\_\_\_\_ \$250.00 – 3<sup>rd</sup> yr. and every  
year after

Commercial: \_\_\_\_\_ \$300.00 – 1<sup>st</sup> yr.    \_\_\_\_\_ \$400.00 – 2<sup>nd</sup> yr.    \_\_\_\_\_ \$500.00 – 3<sup>rd</sup> yr. and every  
year after