VACANT BUILDING REGISTRATION

City of Champlin

DATE: _____

VACANT BUILDING ADDRESS: _____

OWNER(S) *Attach additional sheets if necessary*	Full Name: _____ Company Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____
LIENHOLDER(S) or OTHER(S) w/ Legal Interest in Property *Attach additional sheets if necessary*	Full Name: _____ Company Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____
RESPONSIBLE PARTY *Realtor, leasing agent, management company, mortgagor or other party with direct or indirect control or authority over the building.* *Attach additional sheets if necessary.*	Full Name: _____ Company Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Email: _____ Relationship to Owner / Lien Holder: _____

Date Building Became Vacant: _____   **Property Plan Attached** ☐ **or Submitted by**: _____

(*Within 30 Days of Application*)

The undersigned owner/agent avows and acknowledges that the information herein is complete and accurate.

Owner or Agent: _____   **Signature:** _____

(Print Name)

PLAN DATE: _____

VACANT BUILDING ADDRESS: _____

PROPERTY STATUS	☐ Listed for Sale Listing Date: _____
	☐ Sale Pending Anticipated Closing Date: _____
	☐ Being Renovated Anticipated Completion Date: _____ ☐ Permit(s) Issued; or ☐ Permit Application(s) will be submitted by: _____

PROPERTY CHECK LIST	Owner/Responsible Party attests that the following steps have been or will be taken. For unchecked boxes, please provide date by which the item will be completed.
	
	 ☐ Building is secured against unauthorized entry by persons or pests in accordance with standards of City Code Section 106.88 (b);
	
	 ☐ All hazardous material or hazardous refuse has been removed;
	
	 ☐ Water system has been protected from freezing; and
	    ☐ Building is adequately heated to prevent freezing or
	    ☐ Water Service Shut off at the curb stop
	 ☐ Heating facilities properly maintained, removed, or rendered inoperable.

	☐ Owner/Responsible Party affirms that the property is in compliance with all applicable property maintenance regulations and city codes including, but not limited to the following: ▪ Public Nuisances ▪ Grass ▪ Animals ▪ Exterior maintenance ▪ Vehicles ▪ Garbage and refuse ▪ Dead/hazardous trees ▪ Graffiti ▪ Abandoned pools
INSPECTION	Prior to any re-occupancy, the Owner or Responsible Party shall request an inspection of the vacant building by the compliance official to ensure the building is fit for human occupancy as defined by the Minnesota State Building Code.
SIGNATURE	**Owner/Responsible Party:** _____ **Date:**_____
	City Review/Approval by: _____ **Date:** _____