

HEALTH & INSPECTIONS DEPARTMENT

Housing & Code Enforcement City of St. Cloud 400 2nd Street South St. Cloud MN

Phone (320) 255-7214 Fax (320) 650-3145 www.ci.stcloud.mn.us

Vacant Property Registration Application

Government data practices act-Tennesson warning: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

Vacant Property Informat	tion:				
Address:					
Parcel Number:					
Legal Description:					
Physical Description of Pr	emises:				
Primary Owner Information	\n:				
-					
Name:					
Physical Address:	Street Address		City	State	Zip
Mailing Address:					
Phone 1 #	Street Address	Phono 2 #	City	State	Zip
Email Address:					
Secondary Owner Inform	ation: (if applicable)				
Name:					
Physical Address:					
Mailing Address:	Street Address		City	State	Zip
Mailing Address:	Street Address		City	State -	Zip
Phone 1 #		Phone 2 # _			
Email Address:					
Local Agent/ Caretaker/	Property Manager In	formation:			
Name:					
Physical Address:					
·	Street Address		City	State	Zip
Mailing Address:	Street Address		City	State	 Zip
Phone 1 #		Phone 2 # _	City		-ip
Email Address:					

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Additional Contact Information

Per ordinance 310 contact information for all owners/owner representatives, lien holders and all parties with legal interest in the building must be provided with this application. Attach additional pages as necessary.

Contact Type:	□ Owner □ Owner Representative		□ Lien Holder	□ Manager/Caretaker			
	□ Contract for deed holder		□ Other				
Name:							
Physical Address: _							
Mailina Address:		Street Address	City	State	Zip		
		Street Address	City	State	Zip		
		Phone	2 #				
Contact Type:	□ Owner □ Owner Representative □ Lien Holder □				□ Manager/Caretaker		
	□ Contrac	t for deed holder	□ Other				
Name:							
Physical Address: _		Street Address	City				
Mailing Address:			,				
		Street Address	City	State	•		
		Phone					
email Address:							
Contact Type:	□ Owner □ Owner Representative □ Lien Holder □ Manager/C				/Caretaker		
	□ Contrac	t for deed holder	□ Other				
Name:							
Physical Address: _							
Mailing Address:		Street Address	City	State	Zip		
		Street Address	City	State	Zip		
		Phone					
Email Address:							
Contact Type:	□ Owner	□ Owner Representative	□ Lien Holder	□ Manager,	/Caretaker		
	□ Contrac	t for deed holder	□ Other				
Name:							
		Street Address	City	State	Zip		
mailing Address:		Street Address	City	State	Zip		
Phone 1 #	Phone 2 #						

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Property Status:	Date the building became vacant:						
(All must be	Current status of utilities:	Water Date Natural Gas	□ ON □ ON	□ OFF	Sewer Electric		□ OFF □ OFF
completed)	The building's water system has been protected from freezing. 🗆 YES 🗀 NO						
	□ The property is and will be maintained free from all code violations including, limited to the following: ■ Nuisances/garbage/refuse ■ Exterior maintenance ■ Dead/hazardous trees ■ Graffiti					Ü	
	□ All structures on the property have been secured against unauthorized entry						
	 The property has liability insurance coverage in the amount of \$300,000 or covering damage to any person or any property caused by and physical of or in the building. (proof of current insurance must be attached) 						
Property Plan:	□ Property is actively listed for sale			Listing Date:/			
(Complete all that apply)	□ Property is pending sale			MLS #: Closing Date:/			
	Property is being renovatedAll permits have been issued; or			Completion Date:/			
	□ Applications for all required permits will be submitted by:/						_/
	□ Building will be reoccupied by owner			Re-occupancy date://			
	□ Building will be reoccupied as a rental Re-occupancy date://						
□ Building will be demolished		D	Demolition date://			_/	
	 Maintenance of the building and property will be monitored and needed maintenance made in a timely fashion. 					d repairs/	
	□ Other (Please be specific & attach additional pages if needed):						
	-						

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Please enclose the following items. Incomplete applications will be returned.

- 1. A license fee of \$2000 made payable to the City of St. Cloud. Credit card payments are also accepted at City Hall or by phone 320-255-7214.
- 2. Proof of liability insurance coverage in the amount of \$300,000 or more, covering damage to any person or any property caused by and physical condition of or in the building.

As the owner/responsible party of a registered vacant building, I understand the that:

- Registration is valid for a <u>12</u> month period following application approval.
- Owner must notify compliance official of any information changes supplied as part of the vacant building registration within <u>15</u> days of any change.
- If the building has remained vacant for a period of <u>365</u> consecutive days, and the compliance official has not approved an alternative schedule in the property plan, the owner may be required to demolish the building.
- The compliance official may inspect a vacant building to ensure compliance with registration. The owner must provide access to buildings and premises in order to complete an inspection.
- The compliance official may authorize immediate abatement of any public nuisance or maintenance item if emergency circumstances exist that present an imminent threat to public health and safety.
- All vacant buildings must be secured from unauthorized entry. If locked doors and windows are no longer effective, the building must be boarded.
- If a change of ownership occurs, the new owner must register or re-register a vacant building within <u>15</u> days of transfer. No fee will be required if registration is current.
- It is my responsibility to submit all required fees and obtain all necessary approvals prior to licensing

Applicant Name (must be a listed owner/responsible party):						
Owner/Responsible Party Signatu Send all correspondence to :	Date:/					
OFFICE USE ONLY						
Date Received:	Receipt #		_ Amount Received: \$			
Received by:		_ Application Review	ed Date:			
Approved by:		_ Denied by:				
Licensed issued:		Licensed number:				
Approval/Denial Notes:						

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