



## VACANT COMMERCIAL BUILDING REGISTRATION FORM

All vacant commercial buildings located within the C-1 Commercial Districts or C-R Commercial Residential Districts must be registered with the City of Auburn in accordance with the Vacant Commercial Building Registration Ordinance 05-23. Please complete this form for each vacant dwelling address and make the property available within seven (7) days of submitting the registration application for an inspection by the City of Auburn's Building Inspector/Code Enforcement Officer.

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### **Property Information (Required)**

Street Address: \_\_\_\_\_

Parcel # (from Nemaha County Assessor): \_\_\_\_\_

Owner Name: \_\_\_\_\_

Date of Purchase (if less than 5 years from current date): \_\_\_\_\_

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**Contact Information (Required)** *If individual owner complete Item A; if partnership, corporation, trust or other complete Item B; if designated agent/property manager complete Item C.*

#### **A. Individual Owner**

Contact Name: \_\_\_\_\_

Street Address (No P.O. Box Permitted): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **B. Partnership, Corporation, Trust or Other**

Tax ID Number of Partnership or Corporation: \_\_\_\_\_

Name of Partnership or Corporation: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Designated Agent / Property Manager (If applicable)**

*Please list Name, Address, Phone Number, and any additional information necessary to contact for interior and exterior inspections.*

Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

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**Vacant Building Plan (Required)**

How long is it expected the property remain vacant?  Six (6) months or less  Greater than six (6) months

What is your expected corrective action to return the property to the appropriate occupancy or use?

Demolition (Required permits must be submitted and completed)

Rehabilitation (Required permits must be submitted and completed)

Detailed Plan:

I, \_\_\_\_\_, hereby request to register the vacant property/building listed above and acknowledge that the information above is complete and accurate. I have read and understand the Vacant Commercial Building Registration Ordinance for owning a vacant building in the City of Auburn and agree to comply with these requirements. In accordance with this Ordinance, I agree to notify any future owner of this vacant property registration.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_