



Vacant Building Registration Form

This form is to be filled out completely. One form is needed for each property. Please return this form to the **Oskaloosa Development Services Department at 220 South Market Street, Oskaloosa, IA 52577**. The annual registration fee is **\$100.00 per building**. Make checks payable to: **"CITY OF OSKALOOSA"**.

DATE OF APPLICATION: _____

PROPERTY INFORMATION

ADDRESS: _____ PROPERTY PARCEL #: _____
PROPERTY TYPE: SINGLE-FAMILY MULTI-FAMILY COMMERCIAL INDUSTRIAL
 OTHER _____

TYPE OF APPLICATION

NEW APPLICATION RENEWAL CHANGE IN OWNERSHIP

PROPERTY OWNER

CHECK IF EMERGENCY CONTACT

NAME/BUSINESS _____ CONTACT NAME (IF BUSINESS OR LLC): _____
ADDRESS: _____ CITY: _____ State: _____ Zip: _____
PHONE: _____ CELL: _____ EMAIL: _____

OWNER'S AUTHORIZED AGENT, PROPERTY MANAGER OR LOCAL DESIGNEE CHECK IF EMERGENCY CONTACT

SAME AS OWNER (CHECK THIS BOX AND SKIP THE FOLLOWING PORTION IF OWNER IS MAIN CONTACT)

NAME/BUSINESS _____ CONTACT NAME (IF BUSINESS OR LLC): _____
ADDRESS: _____ CITY: _____ State: _____ Zip: _____
PHONE: _____ CELL: _____ EMAIL: _____

PLANS FOR PROPERTY (CHECK ALL THAT APPLY)

FOR SALE/LEASE LISTING DATE: _____
 RENOVATION START DATE: _____
ANTICIPATED COMPLETION DATE: _____
 DEMOLITION CONTRACTOR: _____
ANTICIPATED START DATE: _____
 PART TIME RESIDENTS ANTICIPATED # OF MONTHS AWAY FROM PROPERTY: _____
 OTHER PLANS PLEASE DESCRIBE: _____

STATUS OF UTILITIES

WATER: ON OFF ELECTRICITY: ON OFF NATURAL GAS: ON OFF N/A

PROOF OF INSURANCE

C.O.I. (PLEASE CHECK THIS BOX IF YOU HAVE PROVIDED A COPY OF YOUR CERTIFICATE OF INSURANCE)

INSURANCE PROVIDER: _____

RELEASE OF INFORMATION (OPTIONAL)

I _____, give full authorization to the **City of Oskaloosa** to **release my information regarding contacts and my property to potential buyers or developers** who may be interested in my property.

(Only enter the contact information below that you wish to make public.)

NAME: _____ ADDRESS: _____ CITY: _____
STATE: _____ ZIP CODE: _____ PHONE: _____ CELL: _____
EMAIL ADDRESS: _____

SIGNATURE

DATE

DISCLAIMER AND SIGNATURE (REQUIRED)

This form shall be completed by the property owner or agent and submitted to the Development Services Department. The owner/agent is responsible for submitting an updated registration form annually as changes occur per Oskaloosa Municipal Code 15.34.000. As the property owner (or owner's representative), I understand that I am subject to the vacant building regulation of the City of Oskaloosa, including but not limited to the right of the City to perform inspections on my property as part of the vacant building requirements.

I acknowledge that I must provide contact information for all owners. If the owners or I live out of state, I will provide contact information for a local designee in case of emergency.

I acknowledge that as the property owner (or owner's representative) that it is my responsibility to provide a minimum of \$100,000 general liability insurance coverage to my property or a bond in the minimum amount of \$50,000, otherwise I will be charged an annual fee.

I acknowledge that grass and weeds on my property shall not exceed the height established by Section 8.20.040.

I acknowledge that snow and ice shall be removed from the public right-of-way within the period of time established by Section 12.12.410.

By signing this document, I hereby acknowledge that the information provided above is complete and accurate and I understand that it is my responsibility to inform the City of Oskaloosa of any changes to this information. I have read and understand the Municipal Code 15.34.000, Vacant Building Registration of the City and agree to comply with these requirements.

SIGNATURE

DATE