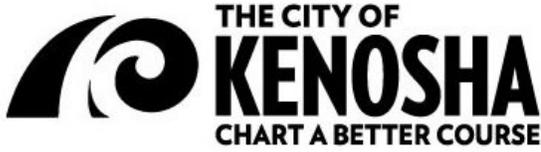




## APPLICATION FOR VACANT BUILDING PERMIT COVER SHEET

### Instructions & Procedures for Submitting a Vacant Building Permit Application

1. Complete and submit the attached Vacant Building Permit application and non-refundable fee (\$100.00 for residential properties and \$360.00 for commercial properties)
2. The Vacant Building Permit will be issued over the counter upon receipt of a completed Vacant Building Permit application and fee. The Permit shall be finalized upon completion of the following:
  - ◆ Schedule an inspection of the property within thirty (30) days of the application. If an inspection is not conducted within thirty (30) days, follow-up and enforcement will be conducted according to the Department's Policies and Procedures.
  - ◆ Repair all interior safety violations and correct all noted exterior code violations (weather permitting) per the time frame provided in the Order to Repair and maintain the exterior of the building per Section 16 of the Code of General Ordinances.
3. A yearly renewal of your Vacant Building Permit with applicable fee is required within thirty (30) days of the permit expiration and property inspection.



**FOR OFFICE USE ONLY**

Date \_\_\_\_\_  
 Permit # \_\_\_\_\_  
 Needs Approval \_\_\_\_\_  
 IP \_\_\_\_\_  
 Fee'd \_\_\_\_\_

**APPLICATION FOR VACANT BUILDING PERMIT**  
**Form #CDI154 (rev. 01/16)**

This document must be legible or will be returned.

Building Address \_\_\_\_\_

**SECTION 1 – OWNERSHIP:**

**Ownership Type** (Check one):

Individual    Marital Property    Partnership **(Fill out Section 2A)**

---

Corporation    Limited Partnership    Limited Liability Company    Limited Liability Partnership

Unincorporated Nonprofit Association **(Fill out Section 2B)**

---

Estate    Trust **(Fill out Section 2C)**

**SECTION 2 – OWNERSHIP INFORMATION – Fill out appropriate section:**

**SECTION 2 A – Individual Owner, Marital Property, Partnership:**

<p><b>Owner 1:</b></p> <p>First Name _____ MI _____</p> <p>Last Name _____</p> <p>Street Address _____</p> <p>City _____ Zip _____</p> <p>Home Phone (_____) _____</p> <p>Business Phone(_____) _____</p> <p>Email Address _____</p> <p>Date of Birth: ____/____/____                          Month / Day / Year</p> <p>Driver's License # _____</p>	<p><b>Owner 2:</b></p> <p>First Name _____ MI _____</p> <p>Last Name _____</p> <p>Street Address _____</p> <p>City _____ Zip _____</p> <p>Home Phone (_____) _____</p> <p>Business Phone(_____) _____</p> <p>Email Address _____</p> <p>Date of Birth: ____/____/____                          Month / Day / Year</p> <p>Driver's License # _____</p>
---	---

(ADDITIONAL OWNERS SHOULD BE LISTED ON A SEPARATE SHEET OF PAPER WITH THEIR DATES OF BIRTH, ADDRESSES, PHONE NUMBERS, AND DRIVERS' LICENSE NUMBERS)

**Building Manager:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

**Business Phone # (\_\_\_\_\_) \_\_\_\_\_**

**SECTION 2 B – Corporations, Limited Partnerships, Limited Liability Companies, Limited Liability Partnerships, Unincorporated Nonprofit Associations:**

Name of Corporation, LP, LLC, LLP, Unincorp. Nonprofit Assoc. \_\_\_\_\_ Wisc. Dept. of Financial Institutions Entity I.D. # \_\_\_\_\_

Business Phone # (\_\_\_\_\_) \_\_\_\_\_

**Registered Agent:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Address as recorded with the State file)

Phone (\_\_\_\_\_) \_\_\_\_\_

**Building Manager:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone# (\_\_\_\_\_) \_\_\_\_\_

Business Phone # (\_\_\_\_\_) \_\_\_\_\_

**SECTION 2 C – Estates or Trusts (All additional trustees shall be listed on a separate sheet.)**

Name of Estate, Trust, or Other \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
(of Trustee or Personal Representative)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Building Manager:**

Company Name (if applicable) \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Business Phone # (\_\_\_\_\_) \_\_\_\_\_ (Direct Line)

**(ADDITIONAL TRUSTEES OR PERSONAL REPRESENTATIVES AND ALL INFORMATION AS REQUIRED IN SECTION 2C SHOULD BE LISTED ON A SEPARATE SHEET OF PAPER)**

**SECTION 3 – BUILDING DISPOSITION:**

Disposition of this building (please check one):

- I plan to rehabilitate this building commencing: \_\_\_\_\_
- I plan to demolish (wreck and remove) this building by: \_\_\_\_\_
- I plan to rent this building by: \_\_\_\_\_
- I plan to sell this building by: \_\_\_\_\_
- Other: \_\_\_\_\_

**SECTION 4 – GENERAL PROPERTY MAINTENANCE REQUIREMENTS:**

- Property maintained in orderly and sanitary state (i.e., free from debris)
- Lawn maintained at a maximum height of eight inches (8”) and free from weeds
- Public sidewalk free from snow (within 24 hours of snowfall)
- All buildings maintained and secured
- Property maintained to be free from graffiti and vandalism (remediated in a timely manner)

**SECTION 5 – SIGNATURES:**

The undersigned hereby attests to the above information being an accurate record of ownership and management of the affected building and acknowledges that he or she is aware of the requirements of Chapter 28 of the Code of General Ordinances for the City of Kenosha (copy attached hereto).

Owner 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

Owner 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_

Title (of the person authorized to sign, if signing in other than your individual capacity)

**Office use only:**

The City of Kenosha charges a fee of \$360.00 for commercial properties and \$100.00 for residential properties to cover the administrative and inspections costs of the permit

Permit fee: \$ \_\_\_\_\_

Please complete and return this form to:

City of Kenosha  
Department of Community Development & Inspections  
625 52<sup>nd</sup> Street, Room 100, Kenosha WI 53140