

CITY OF ST JOSEPH, MISSOURI
VACANT RESIDENTIAL PROPERTY REGISTRATION

VACANT RESIDENTIAL PROPERTY INFORMATION – please print

Address of Vacant Property (Street/City/State/Zip):

County Parcel Tax Identification Number: _____

Property Type: _____ Residential _____ Commercial

OWNER INFORMATION

Name (First/Middle/Last) or Entity Name:

Owner Address (Street/City/State/Zip)

Phone Number: _____

Email address: _____

PERSON IN CONTROL OF PROPERTY (IF DIFFERENT THAN OWNER IDENTIFIED ABOVE)

Name: _____ Contact Name if Business: _____

Address: _____

Daytime phone: _____ Emergency phone: _____

Email Address: _____

Is property covered by liability insurance? _____ Yes _____ No

If yes, attach a copy of the insurance policy.

PROPERTY STATUS

Yes ___ No ___ Property is being advertised for sale

Realtor/Agent Information (if applicable):

Name: _____

Phone #: _____

Yes ___ No ___ Property is being advertised for rent

Yes ___ No ___ Property is being demolished by _____ (date)

Yes ___ No ___ Property is being renovated and renovations will be complete by _____ (date)

Do any renovations require building permits? ___ Yes ___ No

If yes, permits will be submitted by: ___ Contractor ___ Owner

Other (explain)

Utilities

Water: ___ On ___ Off

Electricity: ___ On ___ Off

Gas: ___ On ___ Off

Winterized: ___ Yes ___ No

Alarm System: ___ Yes ___ No Alarm System Active: ___ Yes ___ No

Fire Alarm System: ___ Yes ___ No Fire Alarm System Active: ___ Yes ___ No

Fire Suppression System: ___ Yes ___ No Fire Suppression System Active ___ Yes ___ No

Foreclosure Information

Is this property in foreclosure: ___ Yes ___ No *(If yes, please complete the following)*

Court: _____ Case Number: _____ Filing Date: _____

Status: _____

Lender Name and Address:

Lien Holder or Others with Legal Interest in or Control over the Property

Name _____

Address (Street/City/State/Zip): _____

Phone: _____ Email address: _____

(If additional lienholders or legal interest holders exist attach information on an additional page.)

I certify the information above and attached is a true and correct to the best of my knowledge. I understand that I am required to notify the City of St Joseph of any changes in the information contained above.

Signature _____

Print Name _____

Date _____

Registration and fee applicability The owner of any residential property which is currently vacant, characterized by violations of Chapter 7 of the City of St Joseph Code of Ordinances, shall register such property with the City of St Joseph and shall pay a **\$200.00** registration fee. Such registration shall be renewed, and an additional registration fee in the amount of **\$200.00** shall be paid, on a semiannual basis if property is in compliance with Section 7-328 of the City of St Joseph Code of Ordinances.

**Return completed form and payment to:
City of Saint Joseph
1100 Frederick, Room 106
St Joseph, MO 64501**

