## CITY OF DALLAS VACANT BUILDING REGISTRATION APPLICATION

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Update application previously submitted -		· · · · · · · · · · · · · · · · · · ·			
Enter date of application change here:		_ (Month/Day/Year)			
ON 2: PROPERTY DESCRIPTION					
Account Number	Property Address			Zip Code	
ON 3: OWERNSHIP INFORMATION	(FILL OUT THE APPRO	OPRIATE SECTION(s) BEL	.OW)		
CHECK	K BOX IF THIS PROPER	TY IS OWNED BY MORE T	THAN 2 OV	VNERS	
If property is jointly owned suc	ch as husband and wife,	each name must be listed se	eparately b	elow as Ow	ner 1 & Owr
3A: Owned by Person (s) OWNER	1:				
Last Name	First Name	MI Jr., III, etc			/ /Day/Year)
Street Address		City	State	Zip Code	<del></del>
Check one: ADDRESS Home (	( )	PHONE – Home (	)		
	( )	Business (	)		
Business ( Ownership Type MUST be selected: (CH	HECK ONLY ONE)				
Business ( Ownership Type MUST be selected: (CH ( ) Titleholder ( ) Land Contract Selle	HECK ONLY ONE) ler ( ) Land Contrac				
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Check One: Corporation Limited	ed Partnership Lim	nited Lia	ability Company	,	Limited L	Liability Partners
Name of Corporation, Limited Partnership, Limited Lia Limited Liability Partnership	ability Company or		(	)B	usiness P	Phone Number
Last Name Fir	irst Name	MI	Da			/ nth/Day/Year)
Street Address		City		State	Zip Co	,de
Ownership Type MUST be selected: (CHECK ONLY ( ) Titleholder ( ) Land Contract Seller (	ONE) ) Land Contract Purchas	er (	) Other – Speci	ify		
PREFERRED MAILING ADDRESS:						
P.O. Box or Street Address			City		State	Zip Code
3C: Owned by Trust, Estate or Other						
Name of Trust, Estate or Other			(	) <sub>_P</sub>	 Phone Num	 nber
Trustee or Personal Representative's Last Name		First Na	ame			MI Jr., III, etc
Street Address		City		State	Zip Co	de
Ownership Type MUST be selected: (CHECK ONLY ( ) Titleholder ( ) Land Contract Seller ( PREFERRED MAILING ADDRESS:	ONE) ) Land Contract Purchas	er (	) Other – Speci	ify		
P.O. Box or Street Address			City		State	Zip Code
TION 4: LIEN HOLDERS OR OTHER FINANCIA	AL INTEREST HOLDE	RS				
e of Lien Holder			- Date of Bir	:-+h	, ,	
act Last Name First Name	ne MI	Jr., III			// onth/Day/Y	
t Address	City		State	- <u>Zip (</u>	Code	
MUST be selected: (CHECK ONLY ONE) ien Holder ( ) Other Financial Interest – Specify_	,					
ERRED MAILING ADDRESS:						
ENGLE III III II						

SECTION 5: OPERATOR (Person who rents to tenant	ts or has charge, care or con	trol of th	e building)	
	orporation imited Liability Partnership		ited Partnersh	
Last Name First Name	MI Jr., III, etc		Birth/ (Month/Da	
Street Address	City		Zip Code	
Check one: ADDRESS Home ( )  Business ( )	PHONE – Home ( Business (			
PREFERRED MAILING ADDRESS (optional):  P.O. Box or Street Address	City		State Zip	Code
T.O. Box of Glock/Addison	Oity		Otato Zip	Couc
Code Violation Liability Statement  I,	, as operator for all prope	erties record	ded and listed he	rein, acknowledge
that I may be held liable for violations of the Dallas Code of Ordin	nances for Orders issued to me rega	arding thes	e properties.	
Operator's Signature:	/Date/	_/		
SECTION 6: EMERGENCY PRIMARY CONTACT				
If you preferred primary contact is one of the people	listed in Section 3, 4, or 5 you	u need or	nly enter their	name in this section
Last Name	First Name			MI Jr., III, etc
Street Address	City	State	Zip Code	
Check one: ADDRESS Home ( )	PHONE – Home (	)		
Business ( )				
PREFERRED MAILING ADDRESS (optional):				
P.O. Box or Street Address	City		State Zip	Code
SECTION 7: INSURANCE INFORMATION				
Name of Insurance Company	Name of Insurance Agent		() Phone Number	
Street Address	City	State	Zip Code	
Mailing Address (if different from Street Address)	City	State	Zip Code	

	SECTION 8: PROPERTY INFOR	IVIATION					
	The following inf	ormation must be provi	ided for each building inc	luded as part of this ap	plication.		
		BUILDING # 1		BUILDING # 2			
	Total area in square feet						
	Total area in square feet (minus elevator shafts, stairways, mechanical rooms/systems						
	Number of stories						
	Number of stories above/below ground level	Above	Below	Above	Below		
	Number of dwelling/office units	Dwelling	Office	Dwelling	Office		
	Number of swimming pools/spas	Pools	Spas	Pools	Spas		
	Date last building was more than 25% occupied						
	Last know use(s) – list all that apply	1. 2. 3.		1. 2.			
				3.			
	Description of hazardous			1.			
	materials, uses or conditions that currently exist or	2.		2.			
	previously existed-list all that apply	3.		3.			
SECTION 9: PROPERTY INFORMATION							
	The undersigned hereby attests to to fregistration for a vacant building		accurate. Any falsification m	ay result in the denial or re	evocation of the certificate		
	Owner 1Signature			Date:/	_/		
Owner 2 Signature			Date:/	_/			
	Officer of Corporation, Limited Partner	rship, Limited Liability Comp	any or Limited Liability Partner	ship			
	Liability Partnership			Date:/	_/		
	Owner 1 Signature			Date:/	_/		
	Trust, Estate, or Other			Date:/	_/		
	Title of above Signatory			Date:/	_/		
	Mail ap	plications to: REVENUE A	s Payable to: CITY OF DALI AND COLLECTIONS, Departn on Suite A, Dallas, Texas 752	nent of Code Compliance			

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