



# City of Lyndhurst Notification of Vacant Buildings

Vacant Property Address \_\_\_\_\_

Permanent Parcel ID Number (as printed on your real estate tax bill) \_\_\_\_\_

Pursuant to Section 1395.03, **Registration of Vacant Buildings: Compliance and Requirements**. All Buildings presently located within the City which are vacant, as defined in this Chapter, or which hereafter become vacant, shall be registered by the owner thereof with the Building Commissioner within (30) days from date of their last occupancy, or within (90) days if the building has been listed with realtor to lease or sell with no outcome. Registration is required every calendar year thereafter so long as the building remains vacant. Please complete this form and enclose a check or money order for \$100.00 made payable to the "City of Lyndhurst" and mail to: City of Lyndhurst Building Department, 5301 Mayfield Road, Lyndhurst, Ohio 44124.

*Please fill out the information requested in the following sections. Any updates to the information contained on this form shall be reported to the Building Department within 10 days of the change by filing an Amended Registration Statement.*

## SECTION I BUILDING INFORMATION

A. The period of time for which the premises are anticipated to remain vacant \_\_\_\_\_ to \_\_\_\_\_.

B. Primary Use/Description of Building:

Residential: \_\_\_ Single Family \_\_\_ Two Family \_\_\_ Three Family

Commercial:

C. Number of Units within Building \_\_\_\_\_

D. MUST provide floor plan drawing/sketch of each floor of building on separate sheet.

## SECTION II OWNERSHIP INFORMATION

A. Please list the name(s), street address, and phone number of **all OWNERS of the property**.

Please note the term "Owner" includes, among others, mortgagees if they have assumed control or possession of the property.

NAME \_\_\_\_\_

Street address (No P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

County \_\_\_\_\_ E-mail address \_\_\_\_\_

**OWNERSHIP INFORMATION (continued)**

NAME \_\_\_\_\_

Street address (No P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

County \_\_\_\_\_ E-mail address \_\_\_\_\_

B. Name of **Party Responsible for Maintenance** when Property is Vacant.

NAME \_\_\_\_\_

Street address (no P.O. Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**SECTION III**

**CONDITION/STATUS OF BUILDING**

A. Building

B. Property

Utilities shut off

In Foreclosure, Case # \_\_\_\_\_

Secured

In Bankruptcy, Case # \_\_\_\_\_

**NOTE: Building must be secured according to Rules and Regulations.**

*I hereby certify that I have examined this Vacant Building Registration Form and that, to the best of my knowledge and belief, it is true, accurate and complete.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name