

Vacant Building License Application

PROPERTY OWNER INFORMATION:

NAME: _____ E-MAIL: _____
First & Last name of contact person

BUSINESS/LLC NAME: _____

ADDRESS: _____
Street City, State, Zip

PHONE #: _____ ALT PHONE #: _____

LIST THE NAMES AND ADDRESSES OF ANY ADDITIONAL LIEN HOLDERS ON THE BACK OF THIS PAGE.

WILL THE PROPERTY OWNER BE RESPONSIBLE FOR PROPERTY MANAGEMENT/MAINTENANCE? * _____

*Property owners that do not live within 50 miles of the city limits of Dubuque are required to designate a local agent to respond to maintenance emergencies. Designated Agent Forms are available upon request, or online at www.cityofdubuque.org/rlis.

VACANT BUILDING INFORMATION:

ADDRESS: _____
Street City, State, Zip

NUMBER OF UNITS IN BUILDING: _____ TYPE OF USE: Residential Commercial Mixed Use

APPROXIMATE DATE OF VACANCY: _____

ANTICIPATED DATE BUILDING WILL NO LONGER BE VACANT (MM/DD/YYYY): _____

DESCRIBE YOUR PLAN OF ACTION FOR RESTORING THIS BUILDING TO SERVICE, INCLUDING TIMELINES:

By signing below, I acknowledge that all information provided is accurate to the best of my knowledge and I am hereby applying for a Vacant Building License for the above-described property. I understand that I am responsible for paying all associated fees, submitting to a minimum of one annual full inspection and quarterly exterior inspections, and maintaining compliance with applicable City Codes for the above-described property.

Signature: _____ Date: _____

NOTE: Property owners must notify the Housing Department Permits Clerk within five (5) days of any change of agent or ownership and within thirty (30) days for any change in contact information, including phone number and mailing address.

Annual Licensing Fee: \$350.00

Make checks payable to City of Dubuque Housing Dept. and submit with this application.

ADDITIONAL LIEN HOLDERS OR PARTIES WITH OWNERSHIP INTEREST:

NAME

ADDRESS

PHONE NUMBER

NAME	ADDRESS	PHONE NUMBER