



Code Enforcement  
698 Burnham Drive, University Park, Illinois 60484  
708-235-4818

### Vacant Property Registration Form

Pursuant to Chapter 1471 Identification, Regulation and Registration of Vacant Property -- Section 1471-06 of the Village of University Park Municipal Code, the owner of any building shall, within fifteen (15) days after the building becomes vacant, register each such building with the Code Enforcement Department, and each year thereafter by filing a Vacant Property Registration Form.

- An annual non-prorated, non-refundable \$500.00 Registration Fee shall be required at the time of registration for each vacant building.
- An owner shall notify the Code Enforcement department within fifteen (15) days of any change in registration information by filing an Amended Registration Form.
- A Vacant Building Plan must be submitted with registration including evidence of current/appropriate insurance (Please see reverse side for instructions.)
- The owner of a vacant building is required to annually renew the registration on the anniversary date of the first filing. The annual renewal will include a new Vacant Building Registration Form and payment of the \$500.00 Annual Registration Fee.

Initial Registration for year \_\_\_\_\_  
Registration to be filed annually for each vacant building

Amended Registration for year \_\_\_\_\_  
Any changes to this registration must be reported within 15 days

Vacant Building Address: \_\_\_\_\_ University Park

Parcel Identification Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Principal Owner of Corporation or LLC: \_\_\_\_\_

Address (No PO Box Numbers Allowed): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Owner Name: \_\_\_\_\_

Principal Owner of Corporation or LLC: \_\_\_\_\_

Address (No PO Box Numbers Allowed): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

If there are additional owners please list them on the reverse side of this sheet and provide the information as set forth above for each additional owner.

Registered Agent Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: Daytime \_\_\_\_\_ Emergency \_\_\_\_\_

I hereby certify that I have examined this Vacant Property Registration Form and that, to the best of my knowledge and belief it is true, accurate and complete. I am aware that failure to provide suitable evidence of adequate insurance or submittal of an incomplete or inaccurate form shall be deemed NOT to satisfy the requirements of Section 1471-06 of the Municipal Code of the Village of University Park.

Signature of Owner/Agent \_\_\_\_\_ Date \_\_\_\_\_

*Vacant Building Plan*

*To Be Submitted with Vacant Property Registration Form*

At the time a building is registered, the owner shall submit a written *Vacant Building Plan*. This plan should include, but is not limited to the following:

- Evidence of appropriate and current insurance
  - Insurance Requirements:

1-3 Units:	\$500,000
4-11 Units:	\$750,000
12-48 Units:	\$2,000,000
Industrial/Commercial Property:	\$2,000,000
- Short -Terms Plans
  - Current status of Building: How will building be secured? Doors locked? Windows screened and meshed? Is the property winterized? Which utilities are on? (Boarding of windows/door for longer than 600 days is prohibited).
- Long-Term Plans
  - What building improvements are planned? Include timeline.
  - What is projected date of re-occupancy?
  - Building to be sold or rented?
  - Re-occupancy inspection must be applied for and Certificate of Occupancy issued prior to anyone occupying the property.
  - Is the property to be demolished? If so, when?

**Additional Owners Information**

Owner Name: \_\_\_\_\_

Principal Owner of Corporation or LLC: \_\_\_\_\_

Address (No PO Box Numbers Allowed): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Owner Name: \_\_\_\_\_

Principal Owner of Corporation or LLC: \_\_\_\_\_

Address (No PO Box Numbers Allowed): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

*~ FOR OFFICE USE ONLY ~*

Date Registration Received \_\_\_\_\_

\_\_\_\_\_ \$500.00 Registration Fee

\_\_\_\_\_ Vacant Building Plan

\_\_\_\_\_ Application Processed by \_\_\_\_\_