



Neglected Vacant Building Property Plan

A Vacant Building Registration must accompany this Neglected Vacant Building Property Plan.

Address of Neglected Vacant Building: _____

Date building became vacant: _____

Residential _____ Commercial _____ Expected time period of vacancy: _____

Timetable for restoration and use:

Infraction	Repair (include Permit No. if applicable)	Expected Completion Date

Timetable for Demolition if applicable:

Demolition Permit No.
Demolition & Site Restoration expected completion date:

Building and property maintenance*:

Description	Schedule & Responsible Party
Site Clean Up	
Lawn Care	
Snow Removal	
Security System, Checks (if applicable)	
Fire Suppression System (if applicable)	

*The city need not provide notice of each abatement act to correct items not maintained by the owner.

Plan Changes. If the property plan or timetable for the neglected vacant building is revised in any way, the revisions must meet the approval of the building official.

Demolition Required. If a building has remained a neglected vacant building for a period of three hundred and sixty-five (365) consecutive days, and the building official has not approved an alternative schedule in the property plan, the owner must demolish the building and restore the grounds.

If the owner does not demolish the building, the city may commence abatement and cost recovery proceedings for the abatement of the violation in accordance with Chapter 130 Buildings, Dangerous.

CONTACT INFORMATION:

Owner Name: _____ Phone: _____

Mailing Address: _____

Email: _____

Responsible Contact (if different than Owner)

Name: _____ Phone: _____

Mailing Address: _____

Email: _____

Applicant being duly sworn, deposes and says that he/she is authorized and empowered to make affidavit for the owner, who makes the accompanying application; that the application is true and contains a correct description of the proposed property plan. Subject to all Government Regulations. Application for registration is herewith made.

Print Applicant Name: _____ Phone: _____

Applicant Signature: _____ Date: _____

DOCUMENTS CHECKLIST:

Vacant Building Registration Form

Inspection Report

Permit applications as required

You may return this property plan by mail or in person at 1225 6th Avenue, Suite 220, Marion, Iowa 52302 or email it to buildingpermits@cityofmarion.org.