



Vacant Building Registration

Application Date: _____ Date building became vacant: _____

Address of Vacant Building: _____

CONTACT INFORMATION:

Owner Name: _____ Phone: _____

Mailing Address: _____

Email: _____

Responsible Contact (if different than Owner)

Name: _____ Phone: _____

Mailing Address: _____

Email: _____

ATTACH CONTACT INFORMATION FOR ALL ADDITIONAL OWNERS AND LEIN HOLDERS

VACANT BUILDING INFORMATION:

Residential _____ Commercial _____ Expected time period of vacancy: _____

Utilities Status:

Utility	Connected?	Notes
Domestic water	Y N	
Sanitary Sewer	Y N	
Natural Gas	Y N	
Electric	Y N	
Fire sprinkler (if applicable)	Y N	

FIRE PROTECTION SYSTEMS AND POLICE PROTECTION SYSTEMS MUST BE MAINTAINED

PROPERTY PLAN:

If this building has been declared a "Neglected Vacant Building" as defined by Chapter 247 Art. II of the Marion Code of Ordinances, a "Vacant Building Property Plan" must be included with this application.

SCHEDULE OF FEES:

Registration Fee - Vacant Commercial/Industrial Building	\$1,000
Renewal Fee - Vacant Commercial/Industrial Building	\$1,500
Registration Fee - Vacant Residential Building	\$500
Renewal Fee - Vacant Residential Building	\$750
Occupancy Inspection Fee	\$150
Failure to Register Vacant Building (in addition to above)	\$100

INSURANCE:

Proof of insurance coverage for the property including the following minimum amounts:

1. \$100,000 in general Liability coverage, and
2. Fire and casualty coverage for all structures equal to no less than their assessed value, as determined by the Linn County Assessor and the applicant’s insurance provider, or a minimum of \$50,000, or
3. If insurance is not available to be obtained a Bond in the amount of \$50,000 can be secured in the City’s favor to ensure all structures on the property can be properly demolished and removed in the event of destruction without taxing public resources

Applicant must notify the building official of any changes in information supplied as part of this Vacant Building Registration within thirty (30) days of the change.

Print Applicant Name: _____ Phone: _____

Applicant Signature: _____ Date: _____

DOCUMENTS CHECKLIST:

- Additional Owners and Lien Holder List (if applicable)
- Property Plan (if applicable)
- Proof of Insurance
- Inspection Report

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