



VACANT PROPERTY/BUILDING REGISTRATION FORM

All vacant properties/buildings must be registered with the City of Falls City – Building & Code Department in accordance with the Vacant Property / Building Registration Ordinance 2022-112. Please complete this form for each vacant dwelling address.

Section I: Property Information (Required)

Street Address: _____

Parcel # (from Richardson County Assessor): _____

Owner Name: _____

Date of Purchase (if less than 5 years from current date): _____

Section II: Contact Information (Required) *If individual owner complete Item A; if partnership, corporation, trust or other complete Item B; if designated agent/property manager complete Item C.*

A. Individual Owner

Contact Name: _____

Street Address (No P.O. Box Permitted): _____

City: _____ State: _____ Zip Code: _____

Designated Agent or Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

B. Partnership, Corporation, Trust or Other

Tax ID Number of Partnership or Corporation: _____

Name of Partnership or Corporation: _____

Contact Person Name: _____ Title: _____

Designated Agent or Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

Section III: Designated Agent / Property Manager (If applicable)

Please list Name, Address, Phone Number, and any additional information necessary to contact for interior and exterior inspections.

Company: _____

Contact Person: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Cell Number: _____

Fax Number: _____ Email Address: _____

Additional Remarks: _____

Section IV: Vacant Building Plan (Required)

How long is it expected the property remain vacant? Six (6) months or less Greater than six (6) months

What is your expected corrective action to return the property to the appropriate occupancy or use?

Demolition (Required permits must be submitted and completed)

Rehabilitation (Required permits must be submitted and completed)

Detailed Plan:

I, _____, hereby request to register the vacant property/building listed above and acknowledge that the information above is complete and accurate. I have read and understand the Vacant Properties Registration Ordinance for owning a vacant dwelling in the City of Falls City and agree to comply with these requirements. In accordance with this Ordinance, I agree to notify any future owner of this vacant property registration.

Applicant's Signature: _____ **Date:** _____