

CITY OF DALLAS
VACANT BUILDING REGISTRATION APPLICATION

SECTION 1: TYPE OF APPLICATION

PLEASE TYPE IN INK!

Original recording
 Update application previously submitted – No fee if voluntarily submitted within 10 days of change.
 Enter date of application change here: ___/___/___ (Month/Day/ Year).

SECTION 2: PROPERTY DESCRIPTION

DCAD Account Number _____ Property Address _____ Zip Code _____

ADDITIONAL PROPERTY LIST ATTACHED (Y/N) _____ **NUMBER OF PROPERTIES ON ATTACHED LIST** _____

SECTION 3: OWNERSHIP INFORMATION (FILL OUT THE APPROPRIATE SECTION BELOW)

CHECK HERE IF THIS PROPERTY IS OWNED BY MORE THAN 2 OWNERS.

3A: Owned by Person (s)

OWNER 1:

If property is jointly owned such as husband and wife,
 Each name must be listed separately below as Owner 1 & Owner 2.

_____ **Date of Birth:** ___/___/___
 Last Name First Name MI Jr., III, etc (Month/ Day/ Year)

_____ **Street Address** _____ **City** _____ **State** _____ **Zip Code** _____

Check One: **ADDRESS – Home** () **PHONE - Home** (___) _____ - _____

Business () **Business** (___) _____ - _____

Ownership Type MUST be selected: (CHECK ONLY ONE)
 () Titleholder () Land Contract Seller () Land Contract Purchaser () Other – Specify _____

PREFERRED MAILING ADDRESS (optional):

_____ **PO Box or Street Address** _____ **City** _____ **State** _____ **Zip Code** _____

“Doing Business As” Name (Optional): _____

OWNER 2:

_____ **Date of Birth:** ___/___/___
 Last Name First Name MI Jr., III, etc (Month/ Day/ Year)

_____ **Street Address** _____ **City** _____ **State** _____ **Zip Code** _____

Check One: **ADDRESS – Home** () **PHONE - Home** (___) _____ - _____

Business () **Business** (___) _____ - _____

Ownership Type MUST be selected: (CHECK ONLY ONE)
 () Titleholder () Land Contract Seller () Land Contract Purchaser () Other – Specify _____

PREFERRED MAILING ADDRESS (optional):

_____ **PO Box or Street Address** _____ **City** _____ **State** _____ **Zip Code** _____

“Doing Business As” Name (Optional): _____

(Don't forget! – At least one owner must sign in Section 8)

3B: Owned by Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership

Check One: Corporation Limited Partnership Limited Liability Company Limited Liability Partnership

Name of Corporation, Limited Partnership, Limited Liability Company, or Limited Liability Partnership _____ (____) ____ - ____ - ____
Business Phone Number

Last Name _____ First Name _____ MI _____ Jr., III, etc _____ Date of Birth: ____/____/____ - ____
(Month/ Day/ Year)

Street Address _____ City _____ State _____ Zip Code _____

Ownership Type MUST be selected: (CHECK ONLY ONE)
() Titleholder () Land Contract Seller () Land Contract Purchaser () Other – Specify _____

PREFERRED MAILING ADDRESS:

PO Box or Street Address _____ City _____ State _____ Zip Code _____

3B: Owned by Trust, Estate or Other

Check One: Trust Estate Other (specify) _____

Name of Trust, Estate or Other _____ (____) ____ - ____ - ____
Phone Number

Trustee or Personal Representative's Last Name _____ First Name _____ MI _____ Jr., III, etc _____

Street Address _____ City _____ State _____ Zip Code _____

Ownership Type MUST be selected: (CHECK ONLY ONE)
() Titleholder () Land Contract Seller () Land Contract Purchaser () Other – Specify _____

PREFERRED MAILING ADDRESS:

PO Box or Street Address _____ City _____ State _____ Zip Code _____

SECTION 4: LIEN HOLDERS OR OTHER FINANCIAL INTEREST HOLDERS

Name of Lien Holder _____

Contact Last Name _____ First Name _____ MI _____ Jr., III, etc _____ (____) ____ - ____ - ____
Business Phone Number

Street Address _____ City _____ State _____ Zip Code _____

Type MUST be selected: (CHECK ONLY ONE)
() Lien holder () Other financial interest – Specify _____

PREFERRED MAILING ADDRESS:

PO Box or Street Address _____ City _____ State _____ Zip Code _____

SECTION 5: OPERATOR (Person who rents to tenants or has charge, care, or control of the building.)

Check Person Corporation Limited Partnership
One: Limited Liability Company Limited Liability Partnership Other (specify) _____

Last Name First Name MI Jr., III, etc

Street Address City State Zip Code

Check One: **ADDRESS – Home** () **PHONE - Home** (___) ___ - ___ - ___

Business () **Business** (___) ___ - ___ - ___

PREFERRED MAILING ADDRESS:

PO Box or Street Address City State Zip Code

Code Violation Liability Statement

I, _____, as operator for all properties recorded and listed herein, acknowledge
(Print Name Please)
that I may be held liable for violations of the Dallas Code of Ordinances for Orders issued to me regarding these properties.

Operator's Signature _____

Date ___/___/_____

SECTION 6: EMERGENCY PRIMARY CONTACT

**If you preferred primary contact is one of the people listed in Sections 3, 4 or 5
you need only enter their name in this section.**

Last Name First Name MI Jr., III, etc

Street Address City State Zip Code

Check One: **ADDRESS – Home** () **PHONE - Home** (___) ___ - ___ - ___

Business () **Business** (___) ___ - ___ - ___

PREFERRED MAILING ADDRESS:

PO Box or Street Address City State Zip Code

SECTION 7: INSURANCE INFORMATION

Name of Insurance Company Name of Insurance Agent (___) ___ - ___ - ___
Phone Number

Street Address City State Zip Code

Mailing Address (if different from Street Address) City State Zip Code

SECTION 8: PROPERTY INFORMATION

The following information must be provided for each building included as part of this application.

	Building #1		Building #2	
Total area in square feet				
Total area in square feet (minus elevator shafts, stairways, mechanical rooms/systems)				
Number of stories				
Number of stories above/below ground level	Above _____	Below _____	Above _____	Below _____
Number of dwelling/ office units	Dwelling _____	Office _____	Dwelling _____	Office _____
Number of swimming pools/ spas	Pools _____	Spas _____	Pools _____	Spas _____
Date last building was more than 25% occupied	_____/_____/_____		_____/_____/_____	
Last known use(s) – list all that apply	1. 2. 3.		1. 2. 3.	
Description of hazardous materials, uses or conditions the currently exist of previously existed. – list all that apply	1. 2. 3.		1. 2. 3.	

SECTION 9: SIGNATURES

The undersigned hereby attests to the above information as accurate. Any falsification may result in the denial or revocation of the certificate of registration for a vacant building.

Owner 1 Signature _____ Date: ____/____/_____

Owner 1 Signature _____ Date: ____/____/_____

Officer of Corporation, Limited Partnership, Limited Liability Company or Limited Liability Partnership

Liability Partnership _____ Date: ____/____/_____

Owner 1 Signature _____ Date: ____/____/_____

Trust, Estate or Other _____ Date: ____/____/_____

Title of above Signatory _____

Make Checks Payable to: CITY OF DALLAS
Mail applications to: VACANT BUILDING REGISTRATION PROGRAM, Dept. of Code Compliance
1500 Marilla Street, Room # 6DS, Dallas, TX 75201