CITY OF DALLAS
VACANT BUILDING REGISTRATION APPLICATION

SECTION 1: TYPE OF APPLICATION

PLEASE COMPLETE 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

SECTION 3: OWENSHIP INFORMATION (FILL OUT THE APPROPRIATE SECTION(s) BELOW)

☐ CHECK BOX IF THIS PROPERTY IS OWNED BY MORE THAN 2 OWNERS

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

3A: Owned by Person(s) OWNER 1:

Last Name

First Name

MI Jr., III, etc

Date of Birth __ __/ __ __/ __ __ __ __ (Month/Day/Year)

Street Address

City

State

Zip Code

Check one:

ADDRESS Home ( )

PHONE – Home (____ ___) _______ - _______

BUSINESS ( )

PHONEx – Business (____ ___) _______ - _______

Ownership Type MUST be selected: (CHECK ONLY ONE)

( ) Titleholder

( ) Land Contract Seller

( ) Land Contract Purchaser

( ) Other – Specify____________________

PREFERRED MAILING ADDRESS (optional):

P.O. Box or Street Address

City

State

Zip Code

“Doing Business As” Name (optional): _______________________________________________________________________________

3A: Owned by Person(s) OWNER 2:

Last Name

First Name

MI Jr., III, etc

Date of Birth __ __/ __ __/ __ __ __ __ (Month/Day/Year)

Street Address

City

State

Zip Code

Check one:

ADDRESS Home ( )

PHONE – Home (____ ___) _______ - _______

BUSINESS ( )

PHONEx – Business (____ ___) _______ - _______

Ownership Type MUST be selected: (CHECK ONLY ONE)

( ) Titleholder

( ) Land Contract Seller

( ) Land Contract Purchaser

( ) Other – Specify____________________

PREFERRED MAILING ADDRESS (optional):

P.O. Box or Street Address

City

State

Zip Code

“Doing Business As” Name (optional): _______________________________________________________________________________

DON’T FORGET – AT LEAST ONE OWNER MUST SIGN IN SECTION 9
### 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**

- **Date of Birth** 
  - Month
  - Day
  - Year

  ____________________________________________________________________________

  **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:**

  ____________________________________________________________________________

### 3C: Owned by Trust, Estate or Other

- **Check One:**
  - Trust
  - Estate
  - Other (specify)

  ____________________________________________________________________________

  **Name of Trust, Estate or Other**

  ____________________________________________________________________________

  **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:**

  ____________________________________________________________________________

### SECTION 4: LIEN HOLDERS OR OTHER FINANCIAL INTEREST HOLDERS

- **Name of Lien Holder**

  ____________________________________________________________________________

  **Contact Last Name** 
  **First Name** 
  **MI** 
  **Jr., III, etc**

  ____________________________________________________________________________

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

  ____________________________________________________________________________

  **Type MUST be selected: (CHECK ONLY ONE)**
  - Lien Holder
  - Other Financial Interest – Specify

  ____________________________________________________________________________

  **PREFERRED MAILING ADDRESS:**

  ____________________________________________________________________________

---

**CCS-FRM-337**

**Effective Date 9/29/2010**

**Rev 2**
### SECTION 5: OPERATOR (Person who rents to tenants or has charge, care or control of the building)

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Jr., III, etc</th>
<th>Date of Birth <strong>/</strong>/____ (Month/Day/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check one: ADDRESS</th>
<th>Home ( )</th>
<th>PHONE – Home (______) __ ____ - ___ ___ ___</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Business ( )</td>
<td>Business (______) __ ____ - ___ ___ ___</td>
</tr>
</tbody>
</table>

PREFERRED MAILING ADDRESS (optional):

- P.O. Box or Street Address
- City
- State
- Zip Code

### Code Violation Liability Statement

I, __________________________________________________________, as operator for all properties recorded and listed herein, acknowledge 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 Section 3, 4, or 5 you need only enter their name in this section.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Jr., III, etc</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check one: ADDRESS</th>
<th>Home ( )</th>
<th>PHONE – Home (______) __ ____ - ___ ___ ___</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Business ( )</td>
<td>Business (______) __ ____ - ___ ___ ___</td>
</tr>
</tbody>
</table>

PREFERRED MAILING ADDRESS (optional):

- P.O. Box or Street Address
- City
- State
- Zip Code

### SECTION 7: INSURANCE INFORMATION

<table>
<thead>
<tr>
<th>Name of Insurance Company</th>
<th>Name of Insurance Agent</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>___ ___ <em><strong>-</strong></em> ___ ___</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different from Street Address)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SECTION 8: PROPERTY INFORMATION

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

<table>
<thead>
<tr>
<th>BUILDING # 1</th>
<th>BUILDING # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total area in square feet</td>
<td></td>
</tr>
<tr>
<td>Total area in square feet (minus elevator shafts, stairways, mechanical rooms/systems)</td>
<td></td>
</tr>
<tr>
<td>Number of stories</td>
<td></td>
</tr>
<tr>
<td>Number of stories above/below ground level</td>
<td>Above ________</td>
</tr>
<tr>
<td>Number of dwelling/office units</td>
<td>Dwelling ________</td>
</tr>
<tr>
<td>Number of swimming pools/spas</td>
<td>Pools ________</td>
</tr>
<tr>
<td>Date last building was more than 25% occupied</td>
<td><em><strong><strong>/</strong></strong></em>/______</td>
</tr>
<tr>
<td>Last know use(s) – list all that apply</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
<tr>
<td>Description of hazardous materials, uses or conditions that currently exist or previously existed-list all that apply</td>
<td>1.</td>
</tr>
<tr>
<td></td>
<td>2.</td>
</tr>
<tr>
<td></td>
<td>3.</td>
</tr>
</tbody>
</table>

## SECTION 9: PROPERTY INFORMATION

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 2 Signature _____________________________________________________ Date: _____/_____/______

Officer of Corporation, Limited Partnership, Limited Liability Company or Limited Liability Partnership _____________________________________________________ Date: _____/_____/______

Owner 1 Signature _____________________________________________________ Date: _____/_____/______

Trust, Estate, or Other _________________________________________________ Date: _____/_____/______

Title of above Signatory _______________________________________________ Date: _____/_____/______

Make Checks Payable to: CITY OF DALLAS
Mail applications to: REVENUE AND COLLECTIONS, Department of Code Compliance 3112 Canton Suite A, Dallas, Texas 75226