

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:

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

3C: 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:

P.O. 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 Date of Birth / / (Month/Day/Year)

Street Address City State Zip Code

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

PREFERRED MAILING ADDRESS:

P.O. 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 One: Person Corporation Limited Partnership
 Limited Liability Company Limited Liability Partnership Other (specify) _____

 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 () **Business** (____) ____ - ____

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

 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 (optional):

 P.O. 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 know use(s) – list all that apply	1. 2. 3.		1. 2. 3.	
Description of hazardous materials, uses or conditions that currently exist or previously existed-list all that apply	1. 2. 3.		1. 2. 3.	

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	
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