

Vacant Building Status (CONTINUED)

STATUS OF UTILITIES

Water [] On / [] Off Electric Service [] On / [] Off
Natural Gas [] On / [] Off

Please check all boxes that apply below. Contact city staff for information regarding permits for renovation or demolition work.

- [] FOR SALE/LEASE Listing Date_____
- [] SALE/LEASE PENDING Anticipated Closing Date_____
- [] BEING RENOVATED Start Date_____ Anticipated Completion Date_____
- Have permits been applied for? [] Yes / [] No
- [] WILL BE DEMOLISHED Remove By_____
- [] CONVERTING TO RESIDENTIAL RENTAL – Residential rental properties are required to be registered prior to occupancy. Contact city staff for additional information.
- [] OTHER – Please be specific on the lines provided below.

Vacant Building Property Plan

A property plan must be provided with this application. The plan must: identify known code violations on the property; identify conditions for which repairs or alterations are either required or planned; identify the manner in which code violations, repairs or maintenance will be addressed; provide a timetable for addressing code violations, repairs and ongoing maintenance in compliance with code; and for either returning the building to occupancy or demolishing the building. The property plan, and any changes to the plan, must be approved by the city. The plan must be completed/executed within a period of time not to exceed 365 days.

[] Property plan consisting of _____ pages is attached to this application.

Acknowledgement of Responsibility

It is the joint responsibility of the owner and/or applicable responsible parties to ensure information is complete and accurate. Failure to comply is a misdemeanor. The Long Lake vacant buildings ordinance requires the owner and any buyer to meet all city codes and conditions of the approved property plan.

Applicant Name (PRINT)_____ **X Signature**_____

**** FOR CITY USE ONLY ****

Property Plan

Approving Signature (CITY ADMINISTRATOR) _____ Date of Approval _____

Notes _____

Registration Fee

Total Amount Due \$ _____ Date Received _____ Staff Initials _____

Payment Type: [] Check # _____ OR [] Cash Receipt # _____

If Fee Unpaid: Date Certified Against the Property _____ Staff Initials _____