

APPLICATION FOR VACANT BUILDING PERMIT COVER SHEET

Instructions & Procedures for Submitting a Vacant Building Permit Application

- 1. Complete and submit the attached Vacant Building Permit application and non-refundable fee (\$100.00 for residential properties and \$360.00 for commercial properties)
- 2. The Vacant Building Permit will be issued over the counter upon receipt of a completed Vacant Building Permit application and fee. The Permit shall be finalized upon completion of the following:
 - ♦ Schedule an inspection of the property within thirty (30) days of the application. If an inspection is not conducted within thirty (30) days, follow-up and enforcement will be conducted according to the Department's Policies and Procedures; and, an inspection warrant will be obtained to perform a complete exterior inspection and safety inspection of the interior of the property.
 - Repair all interior safety violations and correct all noted exterior code violations (weather permitting) per the time frame provided in the Order to Repair and maintain the exterior of the building per Section 16 of the Code of General Ordinances.
- 3. A yearly renewal of your Vacant Building Permit with applicable fee is required within thirty (30) days of the permit expiration and property inspection.

NOTE: Additional requirements of Chapter 28 of the Code of General Ordinances for the City of Kenosha can be found in its entirety at www.kenosha.org



APPLICATION FOR VACANT BUILDING PERMIT Form #DCI154 (rev. 02/20)

FOR OFFICE USE ONLY
Date
Permit #
Needs Approval
IP
Fee'd

This document must be legible or will be returned.

Building Address					
SECTION 1 – OWNERSHIP:					
Ownership Type (Check one): ☐ Individual ☐ Marital Property ☐ Partnership (Fill	out Section 2A)				
☐ Corporation ☐ Limited Partnership ☐ Limited Liab					
□ Estate □Trust (Fill out Section 2C)					
SECTION 2 - OWNERSHIP INFORMATION - Fill of	out appropriate section:				
SECTION 2 A – Individual Owner, Marital Property	y, Partnership:				
Owner 1:	Owner 2:				
First NameMI	First NameMI				
Last Name	Last Name				
Street Address	Street Address				
CityZip	CityZip				
Home Phone ()	Home Phone ()				
Business Phone()	Business Phone()_				
Email Address	Email Address				
Date of Birth:// Month / Day / Year	Date of Birth: / / / / / / / / Month / Day / Year				
Driver's License #	Driver's License #				
(ADDITIONAL OWNERS SHOULD BE LISTED ON A SEPARATE SHEET OF PAPER WITH THEIR DATES OF BIRTH, ADDRESSES, PHONE NUMBERS, AND DRIVERS' LICENSE NUMBERS)					
Building Manager:					
First Name MI	Last Name				
	_ City State Zip				
	Cell Phone # ()				
Business Phone # ()					

		_		
Name of Corporation, LP, LLC, LLP, Un	incorp. Nonprofit Assoc.	. Wisc. Dept. of F	Financial Institut	ions Entity I.D. #
Business Phone # ()				
Registered Agent:				
rirst Name	MI	Last Name		
Street Address	City		State	Zip
(Address as recorded v	vith the State file)			
Phone ()				
Building Manager:				
First Name	MI	Last Name		
			6	7 ' .
Street Address	City_		State	ZIP
Home Phone # ()	Cell F	Phone# ()_		
Home Phone # ()	Cell F	Phone# ()_		
Home Phone # ()_	Cell F	Phone# ()_		
Home Phone # () Business Phone # () SECTION 2 C – Estates or Trusts (A	Cell F	Phone# ()_	ı a separate si	neet.)
Home Phone # () Business Phone # () BECTION 2 C – Estates or Trusts (A	Cell F	Phone# ()_ shall be listed or Phone (ı a separate s	neet.)
Home Phone # ()_	All additional trustees MI	Phone# ()_ shall be listed or Phone (ı a separate s	neet.)
Business Phone # () BECTION 2 C – Estates or Trusts (A Blame of Estate, Trust, or Other (of Trustee or Personal Re	All additional trustees MI MI	Phone# ()_ shall be listed or Phone (Last Name	ı a separate s	neet.)
Business Phone # () Business Phone # () BECTION 2 C – Estates or Trusts (A Name of Estate, Trust, or Other First Name (of Trustee or Personal Re	All additional trustees MI MI	Phone# ()_ shall be listed or Phone (ı a separate s	neet.)
Home Phone # () Business Phone # () BECTION 2 C - Estates or Trusts (A Name of Estate, Trust, or Other First Name (of Trustee or Personal Re Street Address Building Manager:	All additional trustees MI presentative) City	Phone# ()_ shall be listed or Phone (Last Name	a separate s	neet.)
Home Phone # () Business Phone # () BECTION 2 C – Estates or Trusts (A	All additional trustees MI MI presentative) City	Phone# ()_ shall be listed or Phone (Last Name	a separate si	n eet.)
Business Phone # () Business Phone # () BECTION 2 C – Estates or Trusts (A Name of Estate, Trust, or Other First Name (of Trustee or Personal Re Building Manager: Company Name (if applicable)	All additional trustees MI presentative) City MI	Phone# ()_ shall be listed or Phone (Last Name	a separate s	neet.)
Business Phone # () Business Phone # () BECTION 2 C - Estates or Trusts (A Name of Estate, Trust, or Other First Name (of Trustee or Personal Re Street Address Building Manager: Company Name (if applicable) First Name	MI MI MI MI City MI MI City	Phone# ()_ shall be listed or Phone (Last Name Last Name	a separate si)State	zip

SEC	CTION 3 – BUILDING DISPOSITION:				
Disp	position of this building (please check one):				
	I plan to rehabilitate this building commencing:				
	_ I plan to demolish (wreck and remove) this building by:				
	_ I plan to rent this building by:				
	_ I plan to sell this building by:				
	_ Other:				
SEC	CTION 4 – GENERAL PROPERTY MAINTENANCE REQUIREMENTS:				
>	Property maintained in orderly and sanitary state (i.e., free from debris)				
>	Lawn maintained at a maximum height of eight inches (8") and free from weeds				
>	Public sidewalk free from snow (within 24 hours of snowfall)				
>	All buildings maintained and secured				
>	Property maintained to be free from graffiti and vandalism (remediated in a timely manner)				
SEC	CTION 5 – SIGNATURES:				
she	affected building and acknowledges that the building has remained vacant for 180 consecutive days; and, that he or is aware of the requirements of Chapter 28 of the Code of General Ordinances for the City of Kenosha, which can found in its entirety at www.kenosha.org).				
Owr	ner 1 Signature Date				
Plea	ase Print Name				
Owr	ner 2 Signature Date				
Plea	ase Print Name				
Title	e (of the person authorized to sign, if signing in other than your individual capacity)				
Offi	ce use only:				
	City of Kenosha charges a fee of \$360.00 for commercial properties and \$100.00 for residential properties to cover the ninistrative and inspection costs of the permit				
Perr	mit fee: \$				
	Please complete and return this form to:				
	City of Kenosha Department of City Inspections 625 52 nd Street, Room 100, Kenosha WI 53140				