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.
   − 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.
APPLICATION FOR VACANT BUILDING PERMIT
Form #CDI154 (rev. 01/16)

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 Liability Company  □ Limited Liability Partnership
□ Unincorporated Nonprofit Association (Fill out Section 2B)
□ Estate  □ Trust (Fill out Section 2C)

SECTION 2 – OWNERSHIP INFORMATION – Fill out appropriate section:

SECTION 2 A – Individual Owner, Marital Property, Partnership:

Owner 1:
First Name______________________________MI_____
Last Name___________________________________
Street Address__________________________________
City______________________________Zip__________
Home Phone (_________)_________________________
Business Phone(__________)______________________
Email Address___________________________________
Date of Birth:  _________/_________/_________
    Month    /     Day        /     Year
Driver's License #________________________________

Owner 2:
First Name______________________________MI_____
Last Name___________________________________
Street Address__________________________________
City______________________________Zip__________
Home Phone (_________)_________________________
Business Phone(__________)______________________
Email Address___________________________________
Date of Birth:  _________/_________/_________
    Month    /     Day        /     Year
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___________________________________
Street Address__________________________________
City______________________________State______Zip__________
Home Phone # (_____)(____________)_________    Cell Phone # (_____)(____________)_________
Business Phone # (_____)(____________)_________
SECTION 2 B – Corporations, Limited Partnerships, Limited Liability Companies, Limited Liability Partnerships, Unincorporated Nonprofit Associations:

Name of Corporation, LP, LLC, LLP, Unincorp. Nonprofit Assoc.    Wisc. Dept. of Financial Institutions Entity I.D. #
Business Phone # (_______)________________________________________

Registered Agent:

First Name ___________________________    MI ________      Last Name __________________________________
Street Address______________________________   City ____________________    State______  Zip____________
(Address as recorded with the State file)
Phone (_______)________________________________________

Building Manager:

First Name ____________________________     MI_______      Last Name _________________________________
Street Address________________________________    City_____________________    State______   Zip_________
Home Phone # (_______)_______________________    Cell Phone# (_______)____________________________
Business Phone # (_______)_____________________________ (Direct Line)

SECTION 2 C – Estates or Trusts (All additional trustees shall be listed on a separate sheet.)

Name of Estate, Trust, or Other_________________________________     Phone (_______)_________________________
First Name____________________________________     MI______     Last Name _________________________________
(of Trustee or Personal Representative)
Street Address__________________________________    City______________________    State______   Zip___________
Building Manager:
Company Name (if applicable)___________________________________________________
First Name _____________________________________    MI______     Last Name ________________________________
Street Address__________________________________    City______________________    State______   Zip___________
Home Phone # (_______)______________________________  Cell Phone # (_______)___________________________
Business Phone # (_______)_____________________________ (Direct Line)

(ADDITIONAL TRUSTEES OR PERSONAL REPRESENTATIVES AND ALL INFORMATION AS REQUIRED IN SECTION 2C SHOULD BE LISTED ON A SEPARATE SHEET OF PAPER)
### SECTION 3 – BUILDING DISPOSITION:

Disposition 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: __________________________________________________________________

### SECTION 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)

### SECTION 5 – SIGNATURES:

The undersigned hereby attests to the above information being an accurate record of ownership and management of the affected building and acknowledges that he or she is aware of the requirements of Chapter 28 of the Code of General Ordinances for the City of Kenosha (copy attached hereto).

Owner 1 Signature ______________________________ Date ____________
Please Print Name ____________________________________________

Owner 2 Signature ______________________________ Date ____________
Please Print Name ____________________________________________

Title (of the person authorized to sign, if signing in other than your individual capacity)

**Office use only:**

The City of Kenosha charges a fee of $360.00 for commercial properties and $100.00 for residential properties to cover the administrative and inspections costs of the permit

Permit fee: $ __________________________

Please complete and return this form to:

City of Kenosha  
Department of Community Development & Inspections  
625 52nd Street, Room 100, Kenosha WI 53140