

City of Alliance

Planning & Development Dept.

504 E. Main St.
Alliance, OH 44601
Phone: (330) 829-2235
Fax: (330) 821-9362

Vacant and/or Foreclosed Property Registration

(A separate registration form & fee is required per Property)
Submit registrations to 504 E. Main St., along with payment.
Checks payable to City of Alliance.

- NEW AMENDED RENEWAL
 Vacant Foreclosed (\$10,000 cash bond required)

1. Property Information Residential (\$100) Commercial (\$250) Industrial (\$250)

Property Address: _____ Number of Units: _____
Description of Property: _____ Parcel No: _____

2. Local Property Management Information:

Local Individual or Local Property Management Co.: _____
Contact Name: _____ Phone No.: _____
Address: (No P.O. BOX): _____
City: _____ State: _____ Zip Code: _____
24 Hour Contact Telephone or Cell Phone No.: _____
Use above contact for registration inspection? Yes No (If no, provide name and phone no. below.)
Name: _____ Phone No.: _____

3. Owner/Agent Information:

Property Owner or Foreclosing Institution : _____
Contact Name: _____ Phone No.: _____
Address (No P.O. BOX): _____
City: _____ State: _____ Zip Code: _____

4. Condition/Status of Building:

<p>A. Building:</p> <p><input type="checkbox"/> Utilities Shut Off</p> <p> <input type="checkbox"/> Gas Date: _____</p> <p> <input type="checkbox"/> Electric Date: _____</p> <p> <input type="checkbox"/> Water Date: _____</p> <p><input type="checkbox"/> Winterized Date: _____</p> <p><input type="checkbox"/> Secured Date: _____</p> <p>Note: Building must be secured according to Rules and Regulations</p>	<p>B. Property:</p> <p><input type="checkbox"/> In Foreclosure, Case No.: _____</p> <p><input type="checkbox"/> In Bankruptcy, Case No.: _____</p>
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In accordance with the City of Alliance's "Vacant and/or Foreclosed Property Registry" Ordinance, by signing below you:

- **Certify** that the information provided above is accurate, and **Agree** to notify the City of any updates.
- **Agree** to pay the appropriate fee(s) at the time of registration/renewal, **Agree** the registration shall remain valid until December 31st of this calendar year. The registration will be required to be renewed and appropriate registration fee(s) be paid annually by January 31st of each year as long as the structure remains vacant. Once the property is no longer vacant or is sold, you **Agree** to provide proof of sale or written notice, or proof of occupancy, to the Housing Specialist or his designee.
- **Agree** to pay the \$10,000 cash bond, in addition to the annual registration fee, if a foreclosure action has been filed on the property.
- **Certify** that the property has been inspected by the Owner/Agent at the time of filing this Property Registration. And the following conditions have been met: property (including all accessory structures) is secure, property (including interior of all structures) is free from all trash & debris, property is mowed & maintained, property address is clearly visible and no junk vehicles are parked on the premises
- If the property is vacant, **Agree** to maintain a *local* individual or *local* property management company responsible for securing and maintaining the property. *Note that local means within thirty (30) driving miles of the property.*
- **Agree** to post the reflective registration sticker provided by the City of Alliance, so it is clearly visible from the street.
- **Agree** that the owner, local individual or local property management company shall inspect and maintain the property on a weekly basis for the duration of the vacancy, in accordance with the relevant City of Alliance codes.
- **Agree** that once registered, the property will be subject to regular exterior inspections by the Housing Specialist or his designee.
- **Agree** that adherence to this ordinance does not relieve the owner of any applicable obligations set forth in the City ordinances or regulations, Covenant Conditions and Restrictions, and/or Home Owners Association rules and regulations.

Applicant Signature _____	Date: _____
Print Applicant Name: _____	
Housing Specialist: _____	Date: _____

*** DO NOT MARK BELOW THIS LINE ***

Date Received: _____ Amount Paid: _____ Received By: _____

Paid By: Cash Check Check Number: _____