CITY OF DALLAS VACANT BUILDING REGISTRATION APPLICATION

ION 1: TYPE OF APPLICATION						
Original Recording		_				
Update application previously submitted – No fee if voluntarily submitted within 10 days of change						
Enter date of application change here	e:/	(Month/Day/Year)				
ION 2: PROPERTY DESCRIPTION						
Account Number	Property Address		Zip Code			
VAN A AWNEDOUD INFORMATIO	W CHILDUT THE ADDR	CONTRACTION(c) REL				
TION 3: OWNERSHIP INFORMATIO						
		each name must be listed se	HAN 2 OWNERS eparately below as Owner 1 & Owr			
3A: Owned by Person (s) OWNER						
			Date of Birth//			
Last Name	First Name	MI Jr., III, etc				
Street Address		City	State Zip Code			
Check one: ADDRESS Home	()	PHONE – Home (
Check one: ADDRESS Home Business		•)			
	() HECK ONLY ONE) eller () Land Contract	Business (
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se	() HECK ONLY ONE) eller () Land Contract	Business (
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (opt P.O. Box or Street Address	() HECK ONLY ONE) eller () Land Contractional):	Business (ecifyState Zip Code			
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (opt	() HECK ONLY ONE) eller () Land Contractional):	Business (ecifyState Zip Code			
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (opt P.O. Box or Street Address	() HECK ONLY ONE) eller () Land Contractional):	Business (ecifyState Zip Code			
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (opt P.O. Box or Street Address "Doing Business As" Name (optional):	() HECK ONLY ONE) eller () Land Contractional):	Business (ecifyState Zip Code			
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (opt P.O. Box or Street Address "Doing Business As" Name (optional):	() HECK ONLY ONE) eller () Land Contractional):	Business (ecifyState Zip Code			
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (opt P.O. Box or Street Address "Doing Business As" Name (optional): 3A: Owned by Person (s) OWNER	() CHECK ONLY ONE) Eller () Land Contract cional):	Business (
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (opt P.O. Box or Street Address "Doing Business As" Name (optional): 3A: Owned by Person (s) OWNER Last Name	() CHECK ONLY ONE) Eller () Land Contract cional):	Business (State Zip Code Date of Birth// (Month/Day/Year)			
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (opt P.O. Box or Street Address "Doing Business As" Name (optional): 3A: Owned by Person (s) OWNER Last Name Street Address	() HECK ONLY ONE) eller () Land Contract cional): R 2: First Name	Business (It Purchaser () Other – Special City MI Jr., III, etc City PHONE – Home (State Zip Code Date of Birth// (Month/Day/Year)			
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (opt P.O. Box or Street Address "Doing Business As" Name (optional): 3A: Owned by Person (s) OWNED Last Name Street Address Check one: ADDRESS Home	HECK ONLY ONE) check ONLY ONE) check Only ONE) First Name () CHECK ONLY ONE)	Business (tt Purchaser () Other – Special City MI Jr., III, etc City PHONE – Home (Business (
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (opt P.O. Box or Street Address "Doing Business As" Name (optional): 3A: Owned by Person (s) OWNES Last Name Street Address Check one: ADDRESS Home Business Ownership Type MUST be selected: (C)	HECK ONLY ONE) eller () Land Contract cional): First Name () CHECK ONLY ONE) eller () Land Contract	Business (tt Purchaser () Other – Special City MI Jr., III, etc City PHONE – Home (Business (
Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (opt P.O. Box or Street Address "Doing Business As" Name (optional): 3A: Owned by Person (s) OWNER Last Name Street Address Check one: ADDRESS Home Business Ownership Type MUST be selected: (C () Titleholder () Land Contract Se PREFERRED MAILING ADDRESS (options)	HECK ONLY ONE) eller () Land Contract cional): First Name () CHECK ONLY ONE) eller () Land Contract	Business (tt Purchaser () Other – Special City City PHONE – Home (Business (ct Purchaser () Other – Special City				

3B: Owned by Corporation, L	imited Partnership, Limited	Liability Company, Limited	Liability Partnership
Check One: Corporation	Limited Partnership	Limited Liability Compan	Limited Liability Partnersh
Name of Corporation, Limited Partri Limited Liability Partnership	ership, Limited Liability Company o	or (
			Date of Birth/ //
Last Name	First Name	MI Jr., III, etc	(Month/Day/Year)
Street Address		City	State Zip Code
Ownership Type MUST be selected () Titleholder () Land Contract	l: (CHECK ONLY ONE) ct Seller () Land Contract	Purchaser () Other – Spe	cify
PREFERRED MAILING ADDRESS	:		
P.O. Box or Street Address		City	State Zip Code
3C: Owned by Trust, Estate o	or Other		
Check One: Trust	Estate Other (speci	fy)	
Name of Trust, Estate or Other		(
Trustee or Personal Representative	's Last Name	First Name	MI Jr., III, etc
Street Address		City	State Zip Code
Ownership Type MUST be selected () Titleholder () Land Contract	l: (CHECK ONLY ONE) ct Seller () Land Contract	Purchaser () Other – Spe	cify
PREFERRED MAILING ADDRESS	:		
P.O. Box or Street Address		City	State Zip Code
TION 4: LIEN HOLDERS OR OT	HER FINANCIAL INTEREST	HOLDERS	
e of Lien Holder			21.11
act Last Name	First Name	MI Jr., III, etc	Birth// (Month/Day/Year)
t Address		City State	Zip Code
MUST be selected: (CHECK ONLY Clien Holder () Other Financial			
FERRED MAILING ADDRESS:			

SECTION 5: OPERATOR (Person who rents to tenan	its or has charge, care or control of the building)
	Corporation Limited Partnership Limited Liability Partnership Other (specify) Date of Birth / /
Last Name First Name	MI Jr., III, etc (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	
	, as operator for all properties recorded and listed herein, acknowledge
that I may be held liable for violations of the Dallas Code of Ordi	inances for Orders issued to me regarding these properties.
	Date/
Operator's Signature:	
Operator's Signature: SECTION 6: EMERGENCY PRIMARY CONTACT	
SECTION 6: EMERGENCY PRIMARY CONTACT	e listed in Section 3, 4, or 5 you need only enter their name in this section
SECTION 6: EMERGENCY PRIMARY CONTACT	
SECTION 6: EMERGENCY PRIMARY CONTACT	
SECTION 6: EMERGENCY PRIMARY CONTACT	
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people	e listed in Section 3, 4, or 5 you need only enter their name in this section
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people	e listed in Section 3, 4, or 5 you need only enter their name in this section
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people Last Name	First Name First Name
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people Last Name Street Address	First Name City State Zip Code
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people Last Name Street Address Check one: ADDRESS Home ()	First Name City State Zip Code PHONE - Home () ——
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people Last Name Street Address Check one: ADDRESS Home () Business () PREFERRED MAILING ADDRESS (optional):	First Name City State Zip Code PHONE – Home () Business () —
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people Last Name Street Address Check one: ADDRESS Home () Business ()	First Name City State Zip Code PHONE - Home () ——
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people Last Name Street Address Check one: ADDRESS Home () Business () PREFERRED MAILING ADDRESS (optional):	First Name City State Zip Code PHONE – Home () Business () —
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people Last Name Street Address Check one: ADDRESS Home () Business () PREFERRED MAILING ADDRESS (optional):	First Name City State Zip Code PHONE – Home () Business () —
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people Last Name Street Address Check one: ADDRESS Home () Business () PREFERRED MAILING ADDRESS (optional): P.O. Box or Street Address	First Name City State Zip Code PHONE – Home () Business () —
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people Last Name Street Address Check one: ADDRESS Home () Business () PREFERRED MAILING ADDRESS (optional): P.O. Box or Street Address	First Name City State Zip Code PHONE – Home () Business () —
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people Last Name Street Address Check one: ADDRESS Home () Business () PREFERRED MAILING ADDRESS (optional): P.O. Box or Street Address SECTION 7: INSURANCE INFORMATION	First Name City State Zip Code PHONE – Home () Business () City State Zip Code Zip Code Business () City State Zip Code
SECTION 6: EMERGENCY PRIMARY CONTACT If you preferred primary contact is one of the people Last Name Street Address Check one: ADDRESS Home () Business () PREFERRED MAILING ADDRESS (optional): P.O. Box or Street Address SECTION 7: INSURANCE INFORMATION Name of Insurance Company	First Name City State Zip Code

SECTION 8: PROPERTY INFORMATION								
The following information must be provided for each building included as part of this application.								
		BUILI	DING #1	BUIL	BUILDING # 2			
Total area in	square feet							
Total area in (minus eleva stairways, m rooms/syster	ntor shafts, echanical							
Number of st	tories							
Number of si above/below	tories ground level	Above	Below	Above	Below			
Number of dunits	welling/office	Dwelling	Office	Dwelling	Office			
Number of so pools/spas	wimming	Pools	Spas	Pools	Spas			
Date last bui than 25% oc	ilding was more ccupied							
	se(s) – list all that	1.		1.				
apply	2. 3.			2.				
				3.				
	of hazardous	1.		1.				
materials, uses or conditions that currently exist or previously existed-list all that apply	2.		2.	2.				
	3.	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 1Signature				Date:/	_/			
Owner 2 Signature				Date:/				
Officer of Corporation, Limited Partnership, Limited Liability Company or Limited Liability Partnership								
Liability Partners	hip			Date:/	_/			
Owner 1 Signature				Date:/	_/			
Trust, Estate, or Other				Date:/	_/			
Title of above Signatory				Date:/				

The City of Dallas does not accept payments in the field.

Make Checks Payable to: CITY OF DALLAS

Mail applications to: REVENUE AND COLLECTIONS, Department of Code Compliance
3112 Canton Suite A. Dallas, Texas 75226