



Sandusky Fire Department  
 600 W. Market Street  
 Sandusky, Ohio 44870  
 419-627-5822  
 www.ci.sandusky.oh.us

Registration No.
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## Commercial / Industrial Vacant Building Plan

Property Address: _____	Parcel Identification Number _____
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The owner or person in control of the vacant commercial or industrial property shall submit a Vacant Building Plan that shall be approved by the Fire Chief and City Engineer or his/her designee.

<b>Property Status</b>	<input type="checkbox"/> Property is to be demolished by: _____  <input type="checkbox"/> Property is being renovated <input type="checkbox"/> Applications for all required permits will be submitted by: _____ <input type="checkbox"/> All Permits have been issued  <input type="checkbox"/> Property is secured against unauthorized entry <input type="checkbox"/> Knox Entry System is installed <input type="checkbox"/> Vacant Property has been identified with hazard sign
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**Purpose:** The vacant building ordinance and registration is a mechanism to protect neighborhoods from health and safety hazards through the lack of adequate maintenance and security to vacant buildings.

**Acknowledgement of Responsibility:** It is the joint responsibility of the owner and/or responsible party to ensure information is complete and accurate. Failure to comply is a misdemeanor. The City of Sandusky Vacant Building Ordinance requires the Owner/Responsible Party to meet all city codes and conditions of the approved property plan.

Applicant Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>CITY USE ONLY</b>	
<input type="checkbox"/> Vacant Building Registration Completed	<input type="checkbox"/> Vacant Building Inspection Completed
Notes:	
City Engineer _____	Date _____
Fire Chief _____	Date _____



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## Commercial / Industrial Vacant Building Registration

Property Address: _____	Parcel Identification Number: _____
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Owner or Owner's Representative	Name: _____
	Address: _____
	City: _____ State _____ Zip _____
	Phone: _____ Email _____

Lien Holders or others with legal Interest	Name: _____
	Address: _____
	City: _____ State _____ Zip _____
	Phone: _____ Email _____

Local Agent or Management Company	Name: _____
	Address: _____
	City: _____ State _____ Zip _____
	Phone: _____ Email _____

Certificate of Liability Insurance  Reason for Vacancy \_\_\_\_\_

Property Became Vacant on: \_\_\_\_\_ Expected Date of Occupancy \_\_\_\_\_  
 Sheriff Sale Date \_\_\_\_\_

Registration Sub Type	<input type="checkbox"/> Vacant Building Registration	<input type="checkbox"/> Annual Registration Renewal
	<input type="checkbox"/> 30 Day Pending Registration	<input type="checkbox"/> Prorated Registration

Property Type	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other
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**General Information:**  
 The Permit Fee is due at the time of registration  
 Vacant Building inspections shall be scheduled through the office of Fire Prevention at 419-627-5822  
 Applications and fees must be received in person or certified mail. No faxes or emails will be accepted.

**Permit Fee Schedule**

Minimum Permit Fee	Multiple Year Fee Schedule		Permit Fee Total
\$400	2nd Year	\$ 800	\$ _____
	4th Year	\$3200	
	3rd Year	\$1600	
		5 <sup>th</sup> Year	\$6400