CITY OF SOUTH EUCLID - HOUSING DEPARTMENT

FORM

VP-E VACANT BUILDING EXEMPTION REQUEST

PRINT OR TYPE ALL FIELDS

DATE

/ /

NUMBER & STREET OF VACANT BUILDING

SUITE / FLOOR

NAME OF TITLE OWNER, AGENT, LESSE, OR PARTY IN CONTROL OF VACANT BUILDING – PO BOXES ARE NOT AN ACCEPTABLE ADDRESS

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

- -

EMAIL ADDRESS

NAME OF PROPERTY MANAGEMENT COMPANY / CONTACT – REQUIRED FOR OWNERS LIVING OUTSIDE CUYAHOGA COUNTY

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

- -

EMAIL ADDRESS

REASON FOR EXEMPTION REQUEST

☐ FIRE DAMAGED BUILDINGS.

☐ RESIDENT IN AN ALTERNATIVE TEMPORARY LIVING ARRANGEMENT, WITH THE INTENTION OF RE-OCCUPYING THE PROPERTY.

☐ FORMER SOUTH EUCLID OWNER-OCCUPANT WHO HAS MOVED AND IS ACTIVELY ATTEMPTING TO SELL THE VACANT HOME.

☐ ESTATE OF A DECEASED SOUTH EUCLID HOME OWNER WHICH IS ACTIVELY ATTEMPTING TO SELL THE VACANT HOME.

NOTIFICATION WILL BE SENT WITHIN (10) DAYS OF REQUEST. IF THE EXEMPTION IS NOT APPROVED, INSTRUCTIONS WILL BE SENT REGARDING THE REGISTRATION PROCESS. EXEMPTIONS ARE GRANTED FOR A PERIOD OF (6) MONTHS FROM THE DATE OF REQUEST.

I DECLARE THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. PERSONS GIVING FALSE INFORMATION IN THIS APPLICATION WILL BE PROSECUTED PER SECTION 525.02(A)(3) OF THE SOUTH EUCLID CODIFIED ORDINANCES.

DATE

/ /

PRINT NAME

SIGNATURE

OWNER ☐ AGENT / OPERATOR ☐