



Department of Community Development

Matthew D. Lasko
mlasko@ci.sandusky.oh.us

222 Meigs St.
Sandusky, OH 44870
Phone: 419.627.5707
Fax: 419.627.5933
www.ci.sandusky.oh.us

VACANT & FORECLOSED PROPERTY REGISTRATION FORM

DEPARTMENT OF COMMUNITY DEVELOPMENT CODE ENFORCEMENT DIVISION 222 MEIGS STREET SANDUSKY, OH 44870 (419) 627-5913	<u>OFFICE USE ONLY</u>
	Date: _____ Amount Paid: _____
	Invoice/Bill Month : _____ YR Registered: _____
Account # - 110-4010-46415	

Section 1 - RESPONSIBLE PARTY:

Responsible Party's Relationship to Owner: Beneficiary Beneficiary's Designated Agent Legal Owner Legal Owner's Designated Agent

Name of responsible party: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Social Security #: _____

Tax ID# of corporation or partnership: _____

If responsible party is a partnership, corporation or trust, complete the following for one partner, officer or trustee:

Name & Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 2 - OWNER:

Owner refers to person or persons with legal title

Type of Owner: Individual Sole Proprietorship Partnership Corporation Trust Other

Owner's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Emergency Phone #: _____ Date of Birth: _____

Social Security/Tax ID#: _____ Email Address: _____

Statutory Agent of corporation or partnership: _____

If owner is a partnership, corporation or trust, complete the following for one partner, officer or trustee:

Name & Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Section 3 - PROPERTY INFORMATION:

Address: _____ Parcel Number: _____

Apartment numbers if multi-family property: _____

Type of property: Single-family Duplex Tri-plex Multi-family (4+ Units) Commercial Rooming House

If multi-family, list the number of units in the property: _____

If a rooming house, list the number of sleeping rooms in the property: _____

Is the property currently vacant or showing signs of vacancy: YES NO UNKNOWN

Section 4 – MAINTENANCE AND RE-OCCUPANCY PLAN:

If the property listed in Section 3 of this form is vacant or is showing signs of vacancy, please provide a statement detailing:

- (1) Anticipated period of vacancy
- (2) A detailed plan for the regular maintenance of the property during the period of vacancy
- (3) A timeline for the anticipated re-occupancy of the property
- (4) Rehabilitation plan for the property (if applicable)
- (5) Demolition plan for the property (if applicable)

Section 5 – PROPERTY MANAGEMENT OR PRESERVATION AGENT (If Applicable):

If the property is vacant or shows evidence of vacancy AND the responsible party (listed in Section 1) is located more than thirty (30) miles outside of the City limits, please provide the following information for the responsible property management or property preservation company that will oversee maintenance and security of the property:

Company Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Emergency Phone #: _____ Fax #: _____

Contact Person Name & Title: _____

Direct Phone #: _____ Email: _____

VACANT AND FORECLOSED PROPERTY REGISTRATION FEE

Annual fee per vacant property is \$125.00. Please make all checks payable to the City of Sandusky and mail to:

**City of Sandusky
Code Enforcement Division
222 Meigs St.
Sandusky, OH 44870**

Please note, this initial registration shall be effective for the duration of the calendar year in which it is made. For any registered property that is still subject to the registration requirements on January 1 of each year, the responsible party must submit a renewed registration by no later than January 31st of that year.

VACANT AND FORECLOSED PROPERTY MAINTENANCE BOND

Any owner of a vacant and/or foreclosing property shall provide a cash bond acceptable to the City of Sandusky, in the sum of not less than ten thousand dollars (\$10,000), to secure the continued maintenance of the property throughout its vacancy and remunerate the City of Sandusky for any expenses incurred in inspecting, securing, marking or making such property safe. The City of Sandusky shall retain five hundred dollars (\$500) of said bond as an administrative fee. Any owner of a vacant or foreclosing property providing a bond pursuant to this registration, must also provide bonds for all other vacant or foreclosing properties owned within the City of Sandusky.

There is a one-time, per property cash maintenance bond of \$10,000 required as part of this registration. Please provide this cash bond payable to the City of Sandusky along with the requisite Vacant and Foreclosed Property Bond Form and mail or hand deliver to:

**City of Sandusky
Code Enforcement Division
222 Meigs St.
Sandusky, OH 44870**

APPLICANT CERTIFICATION

I certify that the information contained in this registration form is true and accurate to the best of my knowledge and to notify the Code Enforcement Division of the City of Sandusky of any updates or changes to the information contained herein as soon as possible. I agree to pay the required \$125 registration fee at the time of registration or renewal and understand that the registration or renewal is valid for a period not to exceed one year from the date of the initial registration. I agree to renew the registration within thirty (30) days of its expiration. Once the property is sold, I agree to provide proof of the sale or written notice, or proof of occupancy to the Code Enforcement Division of the City of Sandusky. I understand that completion of this registration does not relieve the owner of applicable obligations set forth in the City of Sandusky ordinances.

Applicant Signature

Applicant Printed Name

Date



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VACANT AND FORECLOSED PROPERTY BOND RELEASE FORM

DEPARTMENT OF COMMUNITY DEVELOPMENT CODE ENFORCEMENT DIVISION 222 MEIGS STREET SANDUSKY, OH 44870 (419) 627-5913	<u>OFFICE USE ONLY</u>
	Date Request Received: _____ Balance Issued Date: _____ Check #: _____ Amount to Release: _____ City Official Sign Off: _____ Date of City Sign Off: _____
Account # - 894-0000-53000	

Section 1 - PROPERTY INFORMATION:

Address: _____	Parcel Number: _____
Type of property: Single-family <input type="checkbox"/> Duplex <input type="checkbox"/> Tri-plex <input type="checkbox"/> Multi-family (4+ Units) <input type="checkbox"/> Commercial <input type="checkbox"/> Rooming House <input type="checkbox"/>	

Section 2 – MORTGAGEE / BANK / LENDER / SERVICER INFORMATION:

Name of entity: _____	Phone #: _____
Address: _____	City: _____ State: _____ Zip: _____

BOND RELEASE JUSTIFICATION (SELECT ONE)

Section 3 – SALE INFORMATION (IF APPLICABLE):

New Owner's Name: _____
New Owner's Address: _____ Transfer Date: _____
New Owner Phone: _____

Section 4 – FORECLOSURE DISMISSAL (IF APPLICABLE):

Case Number: _____	Dismissal Date: _____
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Section 5 – SERVICER TRANSFER (IF APPLICABLE):

Transfer Date: _____	New Servicer Name: _____
New Servicer Address: _____	
Contact Person Name: _____	Contact Person Phone: _____

Section 6 – BOND INFORMATION:

Bond Paid by Check #: _____	Date of Check: _____
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Section 7 – BOND RELEASE INFORMATION:

Payee Name: _____	
Payee Address: _____	
Contact Person for Payee Name: _____	Phone: _____

CERTIFICATION

I certify that the information contained in this bond release form is true and accurate to the best of my knowledge.

Applicant Signature

Applicant Printed Name

Date