Pursuant to Section 8.28.020 of the Municipal Code of University City, any building that has become vacant must register with the Department of Community Development within 30 days after it becomes vacant and each year thereafter.

All fields must be completed unless noted. Please print.

**PROPERTY ADDRESS**
Address: ________________________________
Number | Street | Unit
Location Number: ________________________

**Primary Use of Building**
Use:  
☐ Residential  
☐ Commercial  
Number of Units Within Building: ______

**REQUEST SUBMITTED BY**
Applicant:  
☐ Property Owner  
☐ Agent / Property Manager  
☐ Other ________________________________

**VACANT BUILDING PLAN**
Date of Vacancy: ________________
Provide brief description of work to be done on building: __________________________
Duration of Vacancy: __________________________

Building Plan:  
☐ Return to Use/Occupancy  
☐ Demolition  
☐ Other __________________________

*The location number can be found on the Real Estate tax bill*

**PROJECT FEE**
<table>
<thead>
<tr>
<th>Quantity</th>
<th>Registration Fee per Building</th>
<th>Total Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$200.00</td>
<td></td>
</tr>
</tbody>
</table>

**MISSED INSPECTION FEE:** A missed inspection fee of $35.00 will be charged when an inspection cannot be completed because the work is not ready or entry is not provided.

**AGENT / PROPERTY MANAGER (IF APPLICABLE)**
Name: ________________________________
First Name | Last Name
Phone Number: ________________________
(XXX) XXX - XXXX
E-mail: ________________________________
xxxx@xxxxx.xxx
Address: ________________________________
Number | Street | Unit
City / State / Zip: __________________________
City / State / Zip Code: __________________________

**APPLICATION SIGNATURE**
The undersigned hereby certifies that s/he has examined this Vacant Building Registration Form and that to the best of his/her knowledge and belief, it is true, accurate and complete.

Name (Printed): ________________________________  Signature: ________________________________  Date: ________________________________