



# City of Toledo

Department of Neighborhoods  
One Government Center, Suite 1800 | Toledo, OH 43604  
(419) 245-1400 Fax (419) 245-1192  
Toledo.oh.gov

# Vacant Residential Building Registration

TMC §1767  
Rev. 05/05/15

Toledo Municipal Code §1767 Vacant Residential Building Registration was revised by City Council Ordinance #02-13. The purpose of the legislation is to ensure responsible ownership of all vacant buildings which contain at least one residential dwelling for the public health, safety and welfare of the City's neighborhoods and commercial districts.

A \$200.00 registration fee is required for each building with a vacant dwelling and is due by January 1<sup>st</sup> of each year at the Dept. of Neighborhoods (address above). **Make checks payable to City of Toledo. Credit card payments are also accepted** (see below). A waiver \* may be granted by the Director of the Department of Neighborhoods for those properties registered and actively being sold or rented by a third party agent, renovated for sale or rent, has utility service connections in place, or is being prepared for demolition.

Owners of buildings in non-compliance with TMC §1767 will be served a Notice of Liability (NOL) and guilty of a misdemeanor crime of the third degree which carries a civil fine of \$250. All fines and registration fees shall be paid to the City of Toledo Nuisance Abatement Trust Fund. The owner of a vacant building has the right to appeal fines or NOLs to the Nuisance Abatement / Housing Appeals Board per TMC §1726.

For questions regarding this registration, please contact the Department of Neighborhoods at 419-245-1400.

### Please PRINT or type

#### Vacant Residential Property Information

\_\_\_\_\_  
Vacant Property's Street Address

\_\_\_\_\_  
Vacant Property's Tax Parcel No.

\_\_\_\_\_  
Date the property became vacant

\_\_\_\_\_  
Fee Amt.

\_\_\_\_\_  
Foreclosure Action? Yes / No

\_\_\_\_\_  
Waiver requested? Yes / No

#### Information of Responsible Party for the Vacant Property

Please identify your relationship to the Vacant Property.

- |  |  |
|--|--|
| <input type="checkbox"/> Titled Property Owner | <input type="checkbox"/> Mortgage Holder Agent     |
| <input type="checkbox"/> Trustee of Owner      | <input type="checkbox"/> Administrator of Estate   |
| <input type="checkbox"/> Rental Agent          | <input type="checkbox"/> Real Estate Listing Agent |

\_\_\_\_\_  
Responsible party's (natural person) full name (printed)

\_\_\_\_\_  
Responsible party's (corporate entity) name (printed)

\_\_\_\_\_  
Responsible party's street mailing address (PO Box will not do)

\_\_\_\_\_  
Responsible party's City, State, Zip

\_\_\_\_\_  
Applicant/Agent's full name (printed)

\_\_\_\_\_  
Applicant/Agent's street mailing address (PO Box is not sufficient)

\_\_\_\_\_  
Applicant/Agent's City, State, Zip

\_\_\_\_\_  
Applicant/Agent's Daytime Phone

\_\_\_\_\_  
Applicant/Agent's Fax Number

\_\_\_\_\_  
Applicant/Agent's E-mail Address

I agree that the information on this document is correct and true.

\_\_\_\_\_  
Applicant/Agent's Signature

\_\_\_\_\_  
Date

#### Waiver Information

Upon request, a one-time, \$100 waiver of the \$200 registration fee may be granted for up to 180 days if the responsible party documents any of the conditions (1 thru 7) below. Supporting documents must accompany this application. Thereafter, the full \$200 registration fee will be required.

1. Authorization to sell contract with a licensed real estate agent;
2. Contract with a rental/leasing agent to market rental units;
3. Signed affidavit that the building is part of a probate proceeding;
4. Copy of a current valid building permit or demolition permit;
5. Copy of a valid building permit and schedule of completion;
6. Signed affidavit that the building is being prepared for occupancy;
7. Ownership deed from a political jurisdiction or State of Ohio.

#### Credit Card Authorization Information

\_\_\_\_\_  
Credit card number

MC  Visa

\_\_\_\_\_  
Name as it appears on credit card

\_\_\_\_\_  
Expiration date

\_\_\_\_\_  
Printed name of person authorizing this charge

\_\_\_\_\_  
3-digit V-code

\_\_\_\_\_  
Signature of person authorizing this charge

\_\_\_\_\_  
Authorized Amt.

#### Office information only

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Registration Number

Information complete?  Yes  No

Waiver requested?  Yes  No

Waiver reviewed and  Approved  Not Approved

\_\_\_\_\_  
Documents provided (1 - 7 above)

\_\_\_\_\_  
Waiver begins and ends

Payment Type  Cash  Check No. \_\_\_\_\_

Credit Card (Authorization) \_\_\_\_\_

\_\_\_\_\_  
Reviewer's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Date