



Vacant Property Registration Form

Property Owner(s) Name: _____

Property Owner(s) Address: _____

Property Owner(s) Telephone Number: _____

Vacant Property Address: _____, Bayside, WI 53217

Tax Key Number: _____

Names and Address of all known lien holders and other parties with a legal or equitable ownership interest in Buildings:

Name of Authorized Agent (designated to act on the behalf of the Owner to accept legal processes and notices and to authorize repairs as required):

Description of Premises

Square footage of main structure and all accessory structures:

Number of Stories: _____

Age of Buildings: _____

Most Recent or Current use of Building(s):

Vacant Premises Plan

Rehabilitation or Demolition Plan Timeline (not to exceed 365 days)

Bench Mark #1: _____

Due Date: _____ Completed?: Yes No

Bench Mark #2: _____

Due Date: _____ Completed?: Yes No

Bench Mark #3 (attach additional sheets if necessary):

Due Date: _____ Completed?: Yes No

Signature of Property Owner or Authorized Agent: _____

Date: _____

OFFICE USE ONLY

Vacant Premises Registration Date: _____

Vacant Premise Plan Submittal Date: _____

Vacant Premises Plan Accepted: Yes No

Occupancy Permit Required: Yes No

Vacant Premises Fee: Yes No

Vacant Premises Fee Amount (\$500): Yes No