



CITY OF CALUMET CITY-DEPARTMENT OF INSPECTIONAL SERVICES
PHONE: 708-891-8120
FAX: 708-891-2128 -EMAIL: DIS@CALUMETCITY.ORG

VACANT BUILDING REGISTRATION

Pursuant to Ordinance 11-30 (the "ORDINANCE") of the City of Calumet City (the "City"), amending chapter 14 of the Municipal Code, any structure determined to be a "Vacant Building" must be registered with the City of Calumet City within thirty (30) days of knowledge that the property is vacant, within thirty (30) days of receipt of the Building Official's Notice of Determination, or within thirty (30) days of denial of Appeal if Determination of Vacant Building, whichever is applicable.

Please complete the form and file it at the Department of Inspectional Services located at 670 Wentworth Ave., Calumet City, IL 60409. The form must be accompanied with:

1. An annual, non-prorated, non-refundable filing fee of \$200.00 for each vacant building
2. A vacant building plan pursuant to Section 14-977 of the ordinance containing, but not limited to
 - a. A plan of action to repair any door, windows or openings which are boarded up or secured by any means other than conventional methods.
 - b. For buildings identified as being or containing public nuisances, a plan of action to remedy such public nuisances
 - c. A time schedule for the vacant building plan identifying a date of commencement and a completion for all repairs
 - d. A plan and time schedule for demolishing the vacant building, if applicable.
 - e. A plan of action to maintain the building and premises in conformance of City Code.
 - f. Evidence of appropriate and currant insurance for the vacant building being registered.

Any person found to have violated any provision of the Ordinance shall be subject to a fine of \$100 minimum per day violation up to \$750 maximum per day violation, in addition to any other legal or equitable remedies available to the City.

Registration of the vacant building shall be valid for a period of one (1) year. If the building is vacant at the expiration of any registration period, the owner shall re- register the vacant building and pay the annual filing fee.

OWNER INFORMATION

Name: _____ Address: _____
A post office box is not an acceptable address

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

LOCAL AGENT OR REPRESENTATIVE

Name: _____ Address: _____
A post office box is not an acceptable address
City: _____ State: _____ Zip: _____
Phone: _____ Cell Phone: _____

PERSON(S) WITH LEGAL INTEREST INFORMATION

Name: _____
Address: _____
A post office box address is not an acceptable address
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

PERMANENT INDEX NUMBER (P.I.N), LEGAL DESCRIPTION AND COMMON ADDRESS

PIN #: _____
Legal description: _____

Common address of building: _____

Date on which the building became vacant: _____

GUARD SERVICE

Name of guard service: _____
Address of guard service: _____
A post office box address is not an acceptable address
City: _____ State: _____ Zip: _____
Phone Number: _____

I hereby certify that I accept the provisions of Ordinance 11-30, and have examined this vacant building registration form. I certify that to the best of my knowledge and belief, all information included on and with this form is true, accurate and complete.

Name (printed): _____ Signature: _____ Date: _____