

The owner(s) of all real property, or the authorized representative of owner, shall register said real property with the Building Official or designee within fourteen (14) calendar days after the real property meets the definition contained in Chapter 4, Vacant Structure Registration, or becomes classified by the City, based upon evidence of vacancy, as vacant or abandoned. Any owner or responsible party that fails to comply with the registration requirements of this Chapter shall be subject to the general penalty provisions as provided in the City Code of Independence, Missouri.

### Registration Type & Fee Structure (check one)

Initial Registration    
  1<sup>st</sup> Renewal    
  2<sup>nd</sup> Renewal    
  3<sup>rd</sup> Renewal    
  4<sup>th</sup> Renewal    
  \_\_\_ Renewal

	Residential	Commercial
<b>Initial Registration (6 Months):</b>	\$350 (each renewal)	\$500 (each renewal)
<b>1<sup>st</sup>, 2<sup>nd</sup> &amp; 3<sup>rd</sup> Renewals (6 Months):</b>	\$350 (each renewal)	\$500 (each renewal)
<b>4<sup>th</sup> &amp; 5<sup>th</sup> Renewals (6 Months):</b>	\$500 (each renewal)	\$650 (each renewal)
<b>6+ Renewals - Monthly fees apply:</b>	\$100 (each month)	\$150 (each month)

### Property Information

Address of Vacant Structure \_\_\_\_\_

County Parcel ID Number \_\_\_\_\_

### Owner Information (All owners must be identified. Use additional sheets if necessary)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

*If certified "return receipt requested" mail sent to the address is returned for whatever reason, including, but not limited to it being marked "refused" or "unclaimed," then such occurrence shall be prima facie proof that the owner has failed to comply with this requirement.*

### Lien Holder Information (All lien holders must be identified. Use additional sheets if necessary)

Lien Holder: \_\_\_\_\_

Lien Holder: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Party, Person, Firm Responsible for Care and Control of Property (Use additional sheets as necessary)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Note:** *If the real property is owned by a corporation and/or a beneficiary, trustee, or if the owner is located more than fifty (50) miles away, the corporation, beneficiary, trustee, or owner shall designate a local authorized representative who will be responsible to maintain the real property in compliance with the provisions of this Chapter. A local authorized representative must be located within a fifty (50) mile radius of the City of Independence and be available 24 hours a day for emergencies. The mailing address provided herein shall be utilized for official correspondence, where such correspondence will be acknowledged as received by the authorized representative. If certified "return receipt requested" mail sent to the address is returned for whatever reason, including, but not limited to it being marked "refused" or "unclaimed," then such occurrence shall be prima facie proof that the representative has failed to comply with this requirement.*

**Permission to Access All Exterior of the Property**

I, \_\_\_\_\_, owner/authorized representative, hereby grant permission to the City of Independence full access to all exterior areas of the real property for inspection purposes. Further, I agree to indemnify and hold harmless the City of Independence, its employees, officials, and assigns from any damage caused directly or indirectly related to accessing the real property for exterior inspection purposes.

**Submittal Requirements**

- 1) Completed registration and Statement of Intent form.
- 2) List all persons authorized to be present in the structure/on the property
- 3) Notices of trespass to the police authorizing the arrest for trespass of individuals not on the list
- 4) Required fees.

## Statement of Intent

Please answer the following questions using additional sheets as necessary.

- 1) *What is the expected period of vacancy of the property?*
  
- 2) *What is the plan and timeline for the lawful occupancy, rehabilitation, removal or demolition of the structure?*
  
- 3) *What is the plan (including timeline) for the regular maintenance of the property during vacancy to assure the premises remains free from nuisance conditions and in conformance with the City's vacant structure maintenance standards, property maintenance, building, and all other applicable City ordinances?*
  
- 4) *What measures/plans (including timelines) will be taken to ensure that the structure will be kept weather tight and secure from trespassers and that it will be safe for entry by police officers, firefighters and code or building inspectors in time of exigent circumstances or emergency as well as at times of reasonable inspection?*

### Authorization, Certification and Acknowledgement

I/We the undersigned hereby certify and understand that the information submitted in this application is an accurate representation of the facts on the date of the application and the registration fee does not constitute official licensing until City inspectors have verified compliance with all the provisions of the Vacant Structure Registration ordinance and Property Maintenance Code.

\_\_\_\_\_  
Owner/Authorized Agent

\_\_\_\_\_  
Date

**List of Persons/Firms Authorized to Access Vacant Property**

Property Address

Authorized Persons/Firms

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
Owner/Authorized Agent

\_\_\_\_\_  
Date



## LETTER OF ENFORCEMENT

Property Information			
Name of Business:			
Street Address:	Zip Code:	Business Phone:	
Contact Information			
Name:			
Address:	City:	State:	Zip Code:
Phone:	Alternate Phone:	Location Relationship: <input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Tenant	
Email:			
Additional Information			
<p>Describe the specific type of problems, time of day problems occur, information and or descriptions of individuals who have contributed to the problems, and any other information that might be helpful to officers.</p>			
<p>I request that officers of the Independence Police Department who locate persons entering or upon the above describe property which may constitute a trespass in the reasonable view of those officers issue citations for trespass upon the said property under the applicable municipal ordinances.</p> <p>I will cooperate and assist in any prosecution resulting from such citations as necessary, including attending any necessary court appearances and testifying if needed.</p> <p>I further agree that I will conspicuously place and maintain appropriate signage posting the property as "No Trespassing."</p> <p>I will maintain current contact information on file with the Independence Police Emergency Communications Center, Independence Police Headquarters, 223 N. Memorial Drive, Independence, MO 64050.</p> <p>If there are any changes to the above-described property that would affect this agreement, it is my responsibility to notify the police department.</p> <p>I understand that if there is a change in management/ownership of said property, this agreement must be renewed.</p>			
_____ Signature / Title or Position	_____ Date Signed	_____ Expiration Date <small>(Cannot exceed 2 years from date signed)</small>	
Office Use			
_____ Received By / DSN / Date		_____ Entered into RMS By / DSN / Date	