



## VACANT PROPERTY/BUILDING REGISTRATION FORM

All vacant properties/buildings must register with the City of Coshocton Property Code Department in accordance with the Vacant Building Registration Ordinance – Section 1355.00 of the Coshocton Codified Ordinances. Please complete this form for each vacant property address. Temporary exemptions for disaster-affected properties, structures actively under construction, properties listed with a licensed realtor in the State of Ohio, or a vacant property that is being marketed for rent may be approved upon **written request**.

### **Section I: Address/es of Vacant Property/Building (Required)**

Street Address/es: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Section II: Property Owner Information (Required)**

*(No P.O. Boxes are permitted; must provide a building address.)*

**If Individual Owner or Designated Agent, please complete the following:**

Property Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Designated Agent or Contact Person: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**If Partnership, Corporation, Trust or Other, please complete the following:**

*(Please use the supplemental form to list each additional partner, officer, or trustee.)*

Tax ID Number of Partnership or Corporation: \_\_\_\_\_  
Name of Partnership or Corporation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
Title: \_\_\_\_\_  
Designated Agent or Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Section III: Local Agent / Property Manager (If owner is outside of local area)**

Please list Name, Address, Phone number and any additional information necessary to contact for interior and exterior inspections.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Additional Remarks: \_\_\_\_\_

**Section IV: Vacant Building Plan (Required)**

I hereby submit a plan of (*Please Circle*): Demolition | Secure Vacancy | Rehabilitation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section V: Demolition Permit Fees (Required)**

**1311.04 PERMIT FEES.**

The fee for demolition permits shall be determined by the City Council. Rates are as follows:

Residential – 1 and 2 family - \$50.00 plus \$.10 per sq. ft. over 1500 sq.ft.

All Other - \$1000.00 plus \$.20 per sq. ft.

[Ord. 53-15, Passed 12-21-15.]

**Section VI: Vacant Commercial And Industrial Properties (If Applicable)**

Per Coshocton Codified Ordinance – Section 1355.03 Sections (k) and (l):

(k) No owner or person in control of a vacant commercial or industrial building shall fail to acquire or otherwise maintain general liability insurance covering the vacant commercial or industrial building property in an amount of less than one million dollars (\$1,000,000). The insurance policy shall provide for written notice to the City of Coshocton within thirty (30) days of any lapse, cancellation, or change of coverage.

Proof of Insurance Received \_\_\_\_\_  
(Safety-Service Director's Signature ) (Date)

760 Chestnut Street Coshocton, OH 43812

740-622-1465

[www.cityofcoshocton.com](http://www.cityofcoshocton.com)

Revised 9/16/22 bb

(l) A key box shall be installed on each vacant commercial or industrial building in the city in case immediate access to the interior of the building by Fire Department personnel is necessary for life-saving or firefighting purposes. Each key box shall be of a type that is approved by the Fire Chief. The key box shall be installed in accordance with manufacturer's recommendations and shall be installed in a location approved by the Fire Chief. The cost of purchase and installation of each key box shall be paid by the owner. Each key box shall contain keys to gain access to all areas of the building, including the roof and basement. The owner or person in control of the building shall immediately notify the Fire Chief and provide the new key when a lock is changed or rekeyed. The key to such lock shall be secured in the key box.

Key Box Installed and Inspected \_\_\_\_\_  
(Fire Prevention Officer's Signature) (Date)

### **Section VII: Fees (Required)**

Please make checks payable to **City of Coshocton**. The vacant property registration payment included with this form pertains to the current year of vacancy and is (*Please Circle*):

**Residential:** \$200-1<sup>st</sup> yr. | \$400-2<sup>nd</sup> yr. | \$800-3<sup>rd</sup> yr. | \$1,600-4<sup>th</sup> yr. | \$3,200-5<sup>th</sup> yr. or later

**Commercial:** \$800-1<sup>st</sup> yr. | \$1600-2<sup>nd</sup> yr. | \$3200-3<sup>rd</sup> yr. | \$6400-4<sup>th</sup> yr. or later. I,

\_\_\_\_\_, hereby request to register the vacant property/building listed above and acknowledge that the information above is complete and accurate. I have read and understand Ordinance 1355.00 for owning a vacant property in the City of Coshocton and agree to comply with these requirements. In accordance with this Ordinance, I agree to notify any future owner of this vacant building registration.

\_\_\_\_\_  
(Applicant's Signature) (Date)

Subscribed and duly sworn before me according to the law, by the above-named applicant this day

\_\_\_\_\_ in the City of \_\_\_\_\_.

Notary Signature: \_\_\_\_\_

**760 Chestnut Street Coshocton, OH 43812**

**740-622-1465**

**[www.cityofcoshocton.com](http://www.cityofcoshocton.com)**

Revised 9/16/22 bb