



Vacant Building Property Plan Check the following boxes that apply
Property Owner and other responsible parties: _____ _____
Vacant Property Address: _____ _____

<input type="checkbox"/> SELL • Provide name, current phone number(s), and address of listing agent (your realtor), and MLS number: _____ _____ _____ • Provide anticipated closing date: _____ _____	<input type="checkbox"/> REHABILITATE • Regardless of whether a Code Compliance is required, include a detailed plan, a projected timetable of the project, and list the costs of contractors, labor, and materials for the proposed scope of work. (Plan and timetable attached)
<input type="checkbox"/> DEMOLISH • Permit Required • Contractor: _____ • Demolition Date: _____	<input type="checkbox"/> RENTAL LICENSE • Obtained from Rental Property Department
<input type="checkbox"/> OWNER OCCUPANCY • You plan to homestead the property as your primary residence.	<input type="checkbox"/> KEEP VACANT <input type="checkbox"/> OTHER (please be specific)

Building Registration Application Supplemental Information

1. Selling Property

- Provide name, current phone number(s), and address of listing agent (your realtor), and MLS number.
- Provide anticipated closing date

- Must provide documents proving sale, sale date, and identifying new owner (purchaser). This applies whether or not a realtor was used.
- If sale is by contract for deed, purchaser must register the contract with Mower County.

2. Rehabilitating Property

- Regardless of whether a Code Compliance is required, include a detailed plan, a projected timeline of the project, and list the costs of subcontractors, labor, and materials for the proposed scope of work.
- If you have Code Compliance questions, please call 507-437-9951.

3. Demolishing Property

- Must provide a date certain for the demolition.
- Permit is required, apply for permit 10 working days before demolition starts.
- Contact Austin Utilities for requirements on utility services disconnect.
- Or use a licensed contractor

If you plan on keeping your property vacant, you must maintain the physical environment in accordance with section 4.26 of the City Code. In particular, prompt abatement of all garbage, debris, tall grass, etc. You must also keep the structure secure against trespassers and comply with all exterior work orders issued by Vacant Building Inspector.

Government Data Practices Act: The data you supply on this form will be used to administer the vacant building program. Some of the data will be classified as public data. Private financial information including tax identification numbers and social security numbers are classified as private data and is available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

SIGNATURE

POSITION

DATE

City of Austin
Vacant Building Department



500 Fourth Avenue N.E.
Austin, Minnesota 55912-3773
Phone: 507-437-9951
Fax: 507-437-7101
www.ci.austin.mn.us

Vacant Building Property Plan

REHABILITATE

Changes to this property plan must meet the approval of the inspector

Owner Name/Local Agent/Manager or other Responsible parties:

Property address of building to be Rehabilitate: _____

What repairs, improvements or alterations are being done to this building?

Building Rehabilitation start date: _____

Building Rehabilitation projects list date: (list by order of items to be completed)

Project _____ Date to be completed: _____

Project _____ Date to be completed: _____

Project _____ Date to be completed: _____

Project _____ Date to be completed: _____

Project _____ Date to be completed: _____

Project _____ Date to be completed: _____

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Project _____ Date to be completed: _____

Project _____ Date to be completed: _____

Project _____ Date to be completed: _____

Project _____ Date to be completed: _____

Project _____ Date to be completed: _____

Project _____ Date to be completed: _____

Project _____ Date to be completed: _____

(Please use back for more projects and dates)

Building Rehabilitation end date: _____

List Contractor's name(s) and subcontractor(s) involved with all projects on this building(if doing the work yourself enter owner):

List of Costs (for all projects for this building):

- Contractors \$ _____
- Subcontractors \$ _____
- Labor \$ _____
- Materials \$ _____

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SIGNATURE

POSITION

DATE

****Office Use Only****

Property Plan Received Date:

Inspector signature only when the plan is approved

SIGNATURE _____ DATE _____