CITY OF RED BLUFF

VACANT COMMERCIAL BUILDING REGISTRATION FORM

VALID FOR 1 YEAR

RETURN completed registration form and associated fee to 555 Washington Street, Community Development Department. *Incomplete applications cannot be processed.*	
Property Address:	**Date:**
Assessor's Parcel Number:	**Zoning:**
Last Occupancy Use:	
Registration Type: ☐ **Initial Registration** ☐ **Renewal Registration** ☐ **Change of Information**	
A letter of authorization is required for any contact listed that is not the Property Owner	
Property Owner:	**Applicant/Agent/Beneficiary:**
Physical Address:	**Physical Address:**
City: State: Zip:	**City: State: Zip:**
Mailing Address:	**Mailing Address:**
City: State: Zip:	**City: State: Zip:**
Phone Number:	**Phone Number:**
Email:	**Email:**
A Property Management Company is <u>required</u> if the property owner lives more than 40 miles from the property.	
<u>Property Management Company (within 40 Miles)</u>	**<u>Additional Authorized Contact</u>**
Name:	**Name:**
Mailing Address:	**Mailing Address:**
City: State: Zip:	**City: State: Zip:**
<u>24-Hour</u> Phone Number:	**Phone Number:**
Email:	**Email:**

1. **What date did the property become vacant? _____**

SAMPLE

2. **Does the property have a pool or spa? ☐ Yes ☐ No**

3. **Has a Notice of Default been recorded against the property? ☐ Yes ☐ No**

   If Yes: Document # _____ Recording Date: _____

4. **Will you be adding temporary site fencing? ☐ Yes ☐ No**

Any vacant building subject to registration shall be made secure from trespassers in the following manner:

i. All doors and windows of the building shall be in good, working condition and locked.
ii. All broken doors and windows shall be replaced or shall be covered in a manner acceptable to the Code Enforcement Official.
iii. The Code Enforcement Official, in their discretion, may require securing the property with additional measures, as reasonable, to prevent trespassers.
iv. The Code Enforcement Official, in his or her discretion, may require the building to have lighting at entrances and exits from dusk until dawn. All entrance/exit lighting must be installed with automatic timers in accordance with any applicable city codes.

5. **Describe how the property has been secured against unauthorized entry.**

6. **Do you have Fire and/or General Liability Insurance for the property?**

   ☐ Yes, attach a copy of Insurance Certification

   ☐ Yes, self-insured

   ☐ No, attach a declaration statement for why the property does not have insurance.

MAINTENANCE AND INSPECTIONS REQUIRED

The property owner of a vacant building subject to registration shall perform a self-inspection of the building and property **monthly** to ensure compliance with this section and this Code. Such inspections shall continue until the subject property is no longer subject to the registration requirement and becomes legally occupied. The property owner shall submit evidence of the required inspections to the Department within ten (10) days of the inspection date. The required evidence shall include photographs of the property along with a completed inspection form, provided by the Department. The failure to submit evidence of inspection shall constitute a separate offense for each day after the due date on which the evidence of inspection is not submitted.

STATEMENT OF INTENT

7. **What is the expected period of vacancy?**

8. **Identify the measures that will be taken to maintain the property while it is vacant.**

9. **Describe plans for the property and timelines, including rehabilitating, selling, or demolishing.**

REGISTRATION FEE:

Annual Registration: $950.00
Change of Information: $0.00

SAMPLE

By my signature below, I certify to each of the following under penalty of perjury under the laws of the state of California. I am the property owner or authorized representative to act on the property's behalf. I have read this application, and the information I provided is correct. I agree to comply with all applicable City and County ordinances and state laws relating to building construction and property maintenance.
Signature: **Print Name:** **Date:**

(For Office Use Only)	
Fee Received: ☐ Yes ☐ No Trans Code: ____ Account Code: _____ Form of Payment: _____ Amount: _____ VPR# _____ - _____ _____	Application reviewed by: _____ ☐ Approved ☐ Denied

SAMPLE