



Vacant Building Registration Form

This form is to be filled out completely. One form is needed for each property.
Please return to the City of Van Meter - Vacant Building Registration at:
310 Mill Street, PO BOX 160, Van Meter, IA 50261 or permits@vanmeteria.gov.

Owners have 30 days from the date the building becomes vacant to file this form. The cost to register is free for the initial filing and the 6-month period. If after the six month period the building continues to remain vacant, an inspection of the building will be made and a fee will be charged. Each subsequent one-year period of vacancy will trigger a re-inspection and fee. Owner is responsible for all exterior and interior as well as lot maintenance. Failure to properly maintain the vacant building could result in increased renewal fees.

Building Information:

Building Address: _____
Parcel #: _____ Building Name: _____
Date Building Became Vacant: _____
Date building Ownership Transferred to This Owner if in the Past year: _____
Date Water Utility Disconnected: _____ Date Electricity/Gas Utility Disconnected: _____
Brief Description of Future Plans for Building: _____
Security Measures in Place: _____

Owner Contact Information:

Owner Name: _____
Doing Business As (If Applicable): _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

Property Management or Agent information:

Check box if same as owner:

Complete this section to provide the most readily available means to contact a responsible party regarding this property. Please provide access to interior of building and/or units for inspection.

Name: _____
Company Name: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email Address: _____

AFFIDAVIT: I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct.

Signature of Owner: _____ **Date:** _____

Printed Name: _____

Office Use Only: Date Application Received: _____ Received by: _____