



Development Services Department
10 1st Street NW | Mason City, Iowa 50401 | (641) 421-3620
VACANT BUILDING REGISTRATION FORM

All vacant commercial and industrial buildings must register with the City of Mason City Development Services Department in accordance with the Vacant Building Registration Ordinance (Title 10, Chapter 2, Article K of the City Code) within 120 days of the building becoming vacant. Complete this form for each vacant property address. **Exemptions** for disaster-affected properties, structures actively under construction, properties listed for sale on the Multiple Listing Service, or a vacant property that is being marketed for rent may be approved upon written request; **a Vacant Building Exemption Form must be submitted.**

Section I: Vacant Building Address

_____, Mason City, Iowa 50401

Section II: Property Owner Information (building or home address only, no P.O. Boxes)

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

Property Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Office Phone Number: _____ Cell Number: _____

Designated Agent or Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Office Phone Number: _____ Cell Number: _____

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

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

Name of Partnership or Corporation: _____

Tax ID Number of Partnership or Corporation: _____

Contact Person: _____

Title: _____

Designated Agent or Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Office Phone Number: _____ Cell Number: _____

Section III: Vacant Building Plan

I hereby submit a plan for (*check one*): ☐ Demolition ☐ Secured Structure ☐ Rehabilitation
Complete the Vacant Building Plan Form and attach it to this application.

Section IV: Proof of Insurance

Provide proof of insurance with a minimum of \$100,00 in general liability coverage, and fire and casualty insurance coverage in an amount no less than replacement value, as determined by the insurance provider, or a minimum of \$50,000 (if replacement value is less than \$50,000).

Section V: Fees

Please make checks payable to **City of Mason City**. The vacant property registration payment included with this form pertains to the current year of vacancy and is for year: 20____.

Current year:	First year	2 nd Year	3 rd Year and after
Annual fee:	\$250	\$500	\$750

Section VI: Certification

I, _____, hereby request to register the vacant property and building listed above and acknowledge that the information above is complete and accurate. I have read and understand Title 10, Chapter 2, Article K of the City Code of Mason City for owning a vacant property in the City of Mason City 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**

Submit the Vacant Building Plan form with this application.
Registration is valid for one year from the date the registration is granted.