



## CITY OF DANVILLE

17 W. Main Street, Danville, IL 61832

Legal Department- Code Enforcement Division

Office (217) 431-2296 Fax (217) 431-2323

Dear Property Owner:

The City of Danville initiated an ordinance in 2008 requiring that certain vacant buildings be registered annually. If your building or structure meets any one of the five conditions listed below, by ordinance it must be registered with the City of Danville:

1. Unoccupied and unsecured;
2. Unoccupied and secured by other than normal means;
3. Unoccupied and an unsafe building as determined by the enforcement officer;
4. Unoccupied and an enforcement officer has issued an order to correct code violations;
5. Illegally occupied

Your building must be registered within 30 days after becoming a "Vacant Building". According to Danville City ordinance Chapter 169, failure to comply with this ordinance will result in additional fees and penalties issued by the legal department.

The annual fee to register a residential building is \$50.00 and to register a commercial building is \$100.00. In addition to this fee, if the building remains vacant for more than one year and no significant repairs are being made, there is an additional annual fee of \$500.00 until the building is properly rehabilitated or demolished.

The owner of a vacant building shall be required to maintain insurance in an amount sufficient to secure repairs or demolition of the building. The owner shall maintain such insurance until the building is no longer vacant or is demolished. A copy of the certificate of insurance must be attached to the registration form.

If you no longer own the building, please provide the new owner's information on the registration form and return the form so the City's records can be updated.

The City of Danville would like to thank you for your cooperation in advance.

Sincerely,

Legal Department- Code Enforcement Division



## CITY OF DANVILLE

17 W. Main Street, Danville, IL 61832  
Legal Department- Code Enforcement Division  
Office (217) 431-2296 Fax (217) 431-2323

### 2018 VACANT BUILDING REGISTRATION FORM

Vacant Building Address: \_\_\_\_\_

#### DESCRIPTION OF BUILDING:

Number of stories: \_\_\_\_\_ Total square footage: \_\_\_\_\_ Age of building: \_\_\_\_\_

Most recent use: \_\_\_\_\_ Date vacated: \_\_\_\_\_

#### ANNUAL FEES:

**\$50 per residential building/\$100 per non-residential building (Please do not send cash through the mail)**  
**Plus \$500 annual fee if vacant for more than 1 year and significant repairs are not currently being carried out**

#### LEGAL PROPERTY OWNER:

*(Post office box does not suffice as an address)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

#### PROPERTY MANAGER/LOCAL REPRESENTATIVE:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

#### LIEN HOLDER/OR OTHERS WITH OWNERSHIP INTEREST:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**VACANT BUILDING PLAN:**

The vacant building plan must be approved by the Public Development Department Director or his designee. The plan shall contain a statement as to which of the following three options the owner has chosen for the property as well as the accompanying information.

**(Please select and complete one of the following options)**

\_\_\_\_\_ Building to be demolished. Date for completion of demolition: \_\_\_\_\_.

\_\_\_\_\_ Building to remain vacant. The building must be secured and the building and property maintained.

Reason building is to remain vacant: \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_ Building to be rehabilitated by \_\_\_\_\_ (date). Planned improvements and completion dates:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**I, the undersigned, hereby certify that:**

**The data submitted in this vacant building registration is an accurate representation of the facts on the date of the application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Be sure to attach a copy of the certificate of insurance for this property to this registration form when you submit it.**