

VACANT PROPERTY REGISTRATION FORM

Welcome to the City of Hamilton's Annual Residential, Commercial, & Industrial Vacant Property Registration Program, in accordance with Chapter 1507 of the City of Hamilton's Codified Ordinances. This legislation was created to protect Hamilton neighborhoods from health and safety hazards through the lack of adequate maintenance and security of vacant buildings, the program is administered by the Hamilton Fire Department.

Forms, documents, and additional information about Hamilton's Vacant Property Registration Program can be found at https://www.hamilton-oh.gov/vacant-property-registration

STEPS TO REGISTER						
	Fill out the registration form					
	Submit a vacant property plan					
	Submit annual fee					
	Schedule an on-site inspection					
(OF	R) REQUEST EXEPMPTION					
	Fill out exemption request form					

ANNUAL FEE SCHEDULE

YEAR1 YEAR2 YEAR3 YEAR4 YEAR5

RESIDENTIAL \$200 \$400 \$800 \$1,600 \$3,200 **COMMERCIAL** \$400 \$800 \$1,600 \$3,200 \$6,400

Make your payment online at https://www.hamilton-oh.gov/vacant-property-registration



Or make checks payable to: Hamilton Fire Department 77 Pershing Avenue Hamilton, Ohio 45011



VACANT PROPERTY

VACANT PROPERTY REGISTRATION FORM

To register your vacant property with the Hamilton Fire Department you must 1) complete the registration form below; 2) submit a vacant property plan; 3) submit your annual registration fee.

Address:				
Residential Com	mercial Parcel Number(s):		
Apartment or Unit Numbe	rs:			
PROPERTY OWNER	INFORMATION			
No PO Boxes Permitted				
Owner's Name:				
Owner's Address:	City:	State:	Zip:	
Phone:	Emergency Phone:	Date o	f Birth:	
Social Security/Tax ID #: _		Email Address:		
Type of Ownership: So	le Proprietorship 🔲 Partr	nership Corporatio	n 🗌 Trust 🦳 Otl	ner
	ration or Partnership:			
	corporation, or trust, comple	_		
	City:			
Phone:	Emergency Phone:	Date o	f Birth:	
Social Security/Tax ID #:		Email Address:		
AUTHORIZED AGEN	łT			
_	st be a resident of Butler Co e responsible for the securi		-	
Name & Title:				
	City:			
Phone:	Emergency Phone:	Date o	f Birth:	
Social Socurity/Tay ID #:		Email Addross:		



VACANT PROPERTY REGISTRATION FORM

LIEN HOLDERS OR C	THERS WITH LEGAL	. INTEREST			
Name & Title:					
Address:	City:	State:	Zip:		
Phone:	Emergency Phone:	Date	of Birth:		
Social Security/Tax ID #:	Social Security/Tax ID #: Email Address:				
LIST OF ADDITIONA	ALLY OWNED PROPE	RTY(S)			
-	property(s) within the City o red under. Use additional at				
Property Address #1:					
Property Owner/LLC:					
Property Owner/LLC:					
Property Address #3:					
Property Address #4:					
Property Owner/LLC:					
Property Address #5:					
Property Owner/LLC:					
ACKNOWLEDGEME	NT OF RESPONSIBIL	ITY			
complete and accurate. Fa Residential, Commercial,	ailure to comply is a misdem	eanor offense. The (nance requires the C	e the information provided is City of Hamilton's Vacant Owner and/or Authorized Agent to		
Applicant Name:					
Signature:			Date:		