City of Zion - Building Department 2828 Sheridan Road Zion, Illinois 60099



VACANT/BOARDED BUILDING/PROPERTY PLAN

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

PROPERTY DESCRIPTION:

Property Address	s :				
Property Type:	Single Family []	Multi-U	nit []	Commercial []
Describe current p	roperty conditions:				
Date Vacant				Date Boarded	/
Date Boards Mus	t Be Removed//_			Date For Sale	
	PLAN FOR OCCU	PANCY/CO	MPLIANCE/D	EMOLITION	
Proposed Action T	ype: Re-occupa	ncy []	Code Compl	iance []	Demolition []
Brief Description	of Proposed Plan:				
-					
Expected Time Per	riod of Vacancy:				
Proposed Timeline	e for Actions/Corrections:				
Date:	A	ction:			
Date:	A	ction:			
Date:	A	ction:			
_					

OWNER INFORMATION:

Name	Jame: Business Name:					
Maili	ing Address:					
City:			State:		Zip:	
Phon	ne Number(s)	Business:		Evening:		
Cell:		Emergency:	Email: _			
		COMMERCIAL PR	ROPERTI	ES ONLY		
[]	Knox Box keys	s are current				
[]	Fire Alarm/Fire	re Sprinkler working appropriately		[] Yes	[] No	
	Alarm Service:	:				
[]	Heat on and se	et at 42 degrees		[] Yes	[] No	
	r City Use Only: proval(s):					
Bui	ilding Inspector: _			_ D	Pate:	
Cor	mments:					

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847-746-4018
Please note that it is highly recommended that you read the entire Ordinance ZMO 10-179 at www.cityofzion.com

VACANT BUILDING/PROPERTY REGISTRATION FORM

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

New Registration	[]\$175.00	Registration Renewal [] \$175.00	Information Change []
		PROPERTY DESCRIPTION:	
Property Address: _			
Property Type: Sin	gle Family []	Multi-Unit []	Commercial []
	CO	NTACT AS DESIGNATED BY OWN	ER
(must be at least age 21,	have a permanent	address in Lake County, IL., accepts service/not	tices/responsibility on behalf of the owner
Name:		Business Name:	
Mailing Address: (PO	Box NotAcceptable)	
City:		State:	Zip:
Phone Number(s)	Business: _	Evenin	g:
Cell:	Emergency	:Email:	
		Business Name:	
City:			
		Evenin	
Cell:	Emergency	:Email:	
Lien Holder 2			
Name:		Business Name:	
Mailing Address:			
City:		State:	Zip:
Phone Number(s)	Business: _	Evenin	g:
Cell·	Emergency	· Email:	

PROPERTY PRESERVATION SERVICER

REP:	B	usiness Name:		
Mailing Address:				
City:		State:	Zip:	
Phone Number(s)	Business:	Evenin	g:	
Cell:	Emergency:	Email:		
	UTILIT	ΓY STATUS		
Electric: [Disconnected Date//_ Disconnected Date//_ Disconnected Date//_	_ [] In Workin	g Order [] Other:	
REGISTRATION F	TEES:			
Boarded/building/pro	within 14 days after property vacar operty is required to register with the operty registration fee shall be \$175	ne City of Zion Building	g Department. The vacant	vacant
each year no later tha	ge lender/lien holder of a vacant but in the anniversary date of the first r no charge to update the owner's re	registration filing. The a		_
VACANT BUILDIN	NG/PROPERTY PLAN REQUIR	REMENTS:		
The Vacant/Boarde	ed registration must include a P	lan of action on appr	oved form.	
APPLICANT:				
•	information provided on this regist eates my "acceptance of the City of	•	knowledge, to be accurate	. My
Signature of Owner/A	Agent:	Date: _		
Print Name:				
Office use Only:				
Date Application Sub	omitted/	Date S	tructure Vacant//	,
Date Structure Board	ed/	Date Boarding Mus	at Be Removed//	
Fee Received \$				
Comments:				