

PLEASE PRINT OR TYPE



<p align="center"><b>OFFICE USE ONLY</b></p> <p>Date Received: _____</p> <p>Inspection Approval Date: _____</p> <p>Amt. Paid: _____</p> <p>Staff Initials: _____</p>
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CITY OF HARVEY  
PLANNING DEPARTMENT  
15320 BROADWAY AVENUE  
HARVEY, IL 60426  
(708) 210-5350 – PHONE  
(708) 210-5368 – FAX

**VACANT PROPERTY REGISTRATION APPLICATION**

Owner Name: \_\_\_\_\_

Address: **(P.O. Box is not acceptable)** \_\_\_\_\_

Property Address \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Property Management Firm: \_\_\_\_\_

Contact Person/Manager: \_\_\_\_\_

Address: **(P.O. Box is not acceptable)** \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Total number of rental units: \_\_\_\_\_

**If owner has more than one (1) vacant unit, please list address below:**

Vacant Unit	Number of Units in the Building
_____	_____
_____	_____
_____	_____

I hereby certify that the information contained in this application is true and correct to the best of my knowledge:

_____	_____
Applicant Name (Printed/Typed)	Signature
_____	_____
Applicant's Title/Position	Date

**Registration Fees**

Residential Properties		Non-Residential Properties	
Vacant 1 year	\$200.00	Vacant 1 year	\$1,000
Vacant 2 years	\$400.00	Vacant 2 years	\$2,000
Vacant 3 years	\$600.00	Vacant 3 years	\$3,000
Vacant 4 years	\$800.00	Vacant 4 years	\$4,000
Vacant 5 years	\$1000.00	Vacant 5 years	\$5,000