



3B: Owned by Corporation, Limited Partnership, Limited Liability Company, Limited Liability Partnership

Check One:  Corporation  Limited Partnership  Limited Liability Company  Limited Liability Partnership

Name of Corporation, Limited Partnership, Limited Liability Company or Limited Liability Partnership (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone Number

Last Name First Name MI Jr., III, etc Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Street Address City State Zip Code

Ownership Type MUST be selected: (CHECK ONLY ONE) ( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - Specify \_\_\_\_\_

PREFERRED MAILING ADDRESS:

P.O. Box or Street Address City State Zip Code

3C: Owned by Trust, Estate or Other

Check One:  Trust  Estate  Other (specify) \_\_\_\_\_

Name of Trust, Estate or Other (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Number

Trustee or Personal Representative's Last Name First Name MI Jr., III, etc

Street Address City State Zip Code

Ownership Type MUST be selected: (CHECK ONLY ONE) ( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - Specify \_\_\_\_\_

PREFERRED MAILING ADDRESS:

P.O. Box or Street Address City State Zip Code

SECTION 4: LIEN HOLDERS OR OTHER FINANCIAL INTEREST HOLDERS

Name of Lien Holder (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone Number

Contact Last Name First Name MI Jr., III, etc

Street Address City State Zip Code

Type MUST be selected: (CHECK ONLY ONE) ( ) Lien Holder ( ) Other Financial Interest - Specify \_\_\_\_\_

PREFERRED MAILING ADDRESS:

P.O. Box or Street Address City State Zip Code

SECTION 5: OPERATOR (Person who rents to tenants or has charge, care or control of the building)

Check One:  Person  Corporation  Limited Partnership  
 Limited Liability Company  Limited Liability Partnership  Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI Jr., III, etc Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Month/Day/Year)

\_\_\_\_\_  
Street Address City State Zip Code

Check one: ADDRESS Home ( ) PHONE - Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Business ( ) Business (\_\_\_\_) \_\_\_\_ - \_\_\_\_

PREFERRED MAILING ADDRESS (optional):

\_\_\_\_\_  
P.O. Box or Street Address City State Zip Code

**Code Violation Liability Statement**

I, \_\_\_\_\_, as operator for all properties recorded and listed herein, acknowledge that I may be held liable for violations of the Dallas Code of Ordinances for Orders issued to me regarding these properties.

Operator's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

SECTION 6: EMERGENCY PRIMARY CONTACT

**If you preferred primary contact is one of the people listed in Section 3, 4, or 5 you need only enter their name in this section**

\_\_\_\_\_  
Last Name First Name MI Jr., III, etc

\_\_\_\_\_  
Street Address City State Zip Code

Check one: ADDRESS Home ( ) PHONE - Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Business ( ) Business (\_\_\_\_) \_\_\_\_ - \_\_\_\_

PREFERRED MAILING ADDRESS (optional):

\_\_\_\_\_  
P.O. Box or Street Address City State Zip Code

SECTION 7: INSURANCE INFORMATION

\_\_\_\_\_  
Name of Insurance Company Name of Insurance Agent (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Mailing Address (if different from Street Address) City State Zip Code

**SECTION 8: PROPERTY INFORMATION**

**The following information must be provided for each building included as part of this application.**

	BUILDING # 1		BUILDING # 2	
Total area in square feet				
Total area in square feet (minus elevator shafts, stairways, mechanical rooms/systems)				
Number of stories				
Number of stories above/below ground level	Above _____	Below _____	Above _____	Below _____
Number of dwelling/office units	Dwelling _____	Office _____	Dwelling _____	Office _____
Number of swimming pools/spas	Pools _____	Spas _____	Pools _____	Spas _____
Date last building was more than 25% occupied	_____/_____/_____		_____/_____/_____	
Last know use(s) – list all that apply	1. 2. 3.		1. 2. 3.	
Description of hazardous materials, uses or conditions that currently exist or previously existed-list all that apply	1. 2. 3.		1. 2. 3.	

**SECTION 9: PROPERTY INFORMATION**

**The undersigned hereby attests to the above information as accurate. Any falsification may result in the denial or revocation of the certificate of registration for a vacant building.**

Owner 1 Signature _____	Date: ____/____/_____
Owner 2 Signature _____	Date: ____/____/_____
Officer of Corporation, Limited Partnership, Limited Liability Company or Limited Liability Partnership	
Liability Partnership _____	Date: ____/____/_____
Owner 1 Signature _____	Date: ____/____/_____
Trust, Estate, or Other _____	Date: ____/____/_____
Title of above Signatory _____	Date: ____/____/_____

**Make Checks Payable to: CITY OF ALVARADO**  
**Mail applications to: COMMUNITY DEVELOPMENT, Permits and Inspections Division**  
**104 W College Ave, Alvarado, TX 76009**