



# CITY OF CALEXICO

608 Heber Ave.  
Calexico, CA 92231-2840  
Tel: 760.768.2105  
Fax: 760.357-7862  
[www.calexico.ca.gov](http://www.calexico.ca.gov)  
e-mail: [building@calexico.ca.gov](mailto:building@calexico.ca.gov)

## Development Services Department Building/ Planning & Code Enforcement Division

### VACANT PROPERTY/BUILDING REGISTRATION FORM

All vacant properties/buildings must register with the City of Calexico Community Development Department in accordance with the Vacant Building Registration Ordinance - Chapter 8.50 Calexico Municipal Code.

Please complete this form for each vacant property address. Temporary exemptions for disaster-affected properties, structures actively under construction, properties listed with a licensed relator in the State of California, or a vacant property that is being marketed for rent may be approved upon **written request**.

#### **Section I: Address of Vacant Property/Building (Required)**

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

#### **Section II: Property Owner Information (Required)**

**(No P.O. Boxes are permitted; must provide a building address.)**

#### **If Individual Owner or Designated Agent, please complete the following:**

Property Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Designated Agent or Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### **If Partnership, Corporation, Trust or Other, please complete the following:**

*(Please use the supplemental form to list each additional partner, officer, or trustee)*

Tax ID Number of Partnership or Corporation: \_\_\_\_\_

Name of Partnership or Corporation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Designated Agent or Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*Viva Calexico!*



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#### **Section III: Designated Agent/Property Manager (If owner is outside of local area)**

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

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

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

E-Mail Address: \_\_\_\_\_

#### **Section IV: Vacant Building Plan (Required)**

I hereby submit a plan of (Please Circle): Demolition / Secure Vacancy / Rehabilitation:

\_\_\_\_\_

#### **Section V: Proof of Insurance (Required)**

If submitting a plan of demolition, please also provide proof of holding in escrow with the City of Calexico the amount of ten thousand dollars (\$10,000.00) for a residential building and seventy-five thousand dollars (\$75,000.00) for a commercial building. Escrow funds will be released upon completion of the work or transfer or ownership, provided that all fees have been paid in full. New owners must sign a form accepting responsibility for completing the demolition. Use additional paper to outline further details pertaining to your plan.

Escrow for Demolition:

 Yes No

#### **Section VI: Fees (Required)**

Please make checks payable to City of Calexico Attn: Development Services

The vacant property registration payment of \$150.00 included with this form pertains to the current year of vacancy and is for year \_\_\_\_\_:

A monitoring fee of \$300.00 that will be charged monthly as well.

I, \_\_\_\_\_, hereby request to register the vacant property/building listed above and acknowledge that the information above is complete and accurate. I have read and understand Section \_\_\_\_ of the Calexico Codified Ordinances for owing a vacant property Ordinance, I agree to notify any future owner of this vacant building registration.

\_\_\_\_\_/\_\_\_\_\_  
**Applicant's Signature** **Date**

Subscribed and duly sworn before me according to the law, by the above named applicant this day \_\_\_\_\_ in the City of \_\_\_\_\_.

Notary Signature: \_\_\_\_\_