VILLAGE OF
LINCOLNSHIRE
COMMUNITY & ECONOMIC DEVELOPMENT

STAMP HERE

VACANT BUILDING REGISTRATION

RESIDENTIAL	COMMERCIAL
☐	☐

PROJECT INFORMATION		
Vacant Building Property Address (including lot / suite #):		
Property Owner Name:		
Company:		
Email:		
Property Owner Address:		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

PENDING LITIGATION INFORMATION		
Is there are any litigation pending concerning or affecting the building including bankruptcy cases? If yes, provide the following on all persons with legal interest in the property:	☐ Yes	☐ No
Name:	Case Number:	
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

Name:	Case Number:	
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

REPRESENTIVE CONTACT INFORMATION (if applicable)		
Owners Representative (if applicable) – Must be minimum 21 years of age or older who maintains a permanent address in Lake County, Illinois to accept service on behalf of the owner with respect to any notices the Building Official sends pursuant to Section 5-4F-2.		
Name:		
Company:		
Email:		
Address (including suite #):		
City:	State:	Zip Code:
Phone:	Cell:	Fax:

SUBMITTAL STATEMENT

I, _____, certify that the information contained in this registration, and other attached documentation is true to the best of my knowledge. I also recognize that as the owner or owner's representative, all fees and requirements associated with the vacant building registration described herein are my responsibility.

Signature: _____ Date: _____