



CITY OF HEMET DEPARTMENT OF LIFE SAFETY

APPLICATION FOR VACANT PROPERTY

ANNUAL REGISTRATION FORM

VALID FOR 1 YEAR

Complete this Registration Form for each property & return the completed form with registration fee. Incomplete applications cannot be processed.	
Property Address:	Date:
Assessor's Parcel Number:	Year Built:
Property Type: <input type="checkbox"/> Commercial ___ #Units <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile/ Manufactured <input type="checkbox"/> Multi-Family: ___ #Units	
Registration Type: <input type="checkbox"/> Initial Registration <input type="checkbox"/> Renewal Registration <input type="checkbox"/> Change of Information	
A <u>notarized</u> letter of authorization is required for any contact listed that is not the Property Owner	
Property Owner:	Applicant/Agent/Beneficiary:
Physical Address:	Physical Address:
City: State: Zip:	City: State: Zip:
Mailing Address:	Mailing Address:
City: State: Zip:	City: State: Zip:
Phone Number:	Phone Number:
Email:	Email:
A Property Management Company is <u>required</u> if the property owner lives more than 40 miles from the property.	
<u>Property Management Company (within 40 Miles)</u>	<u>Additional Authorized Contact</u>
Name:	Name:
Mailing Address:	Mailing Address:
City: State: Zip:	City: State: Zip:
<u>24-Hour</u> Phone Number:	Phone Number:
Email:	Email:

Code Compliance Division
 510 E Florida Avenue, Hemet, CA 92543
 Phone: (951) 765-2339 Email: codestaff@hemetca.gov

1. What date did the property become vacant? _____	
2. Does the property have a pool or spa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Has a Notice of Default been recorded against the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Document # _____ Recording Date: _____	
4. Will you be adding temporary site fencing? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, a separate permit for Temporary Fencing is required.	
5. Does the structure have any of the following systems? Fire Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No Fire Sprinklers: <input type="checkbox"/> Yes <input type="checkbox"/> No Burglar Alarm: <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do you have Fire and or General Liability Insurance for the property? <input type="checkbox"/> Yes, attach a copy of Insurance Certification <input type="checkbox"/> No, attach a declaration statement for why the property does not have insurance.	
REGISTRATION FEE:	
Initial Registration: \$420.00 Renewal Registration: \$168.00 Change of Information: \$0.00	
By my signature below, I certify to each of the following under penalty of perjury under the laws of the state of California. I am the property owner or authorized representative to act on the property's behalf. I have read this application and the information I provided is correct. I agree to comply with all applicable City and County ordinances and state laws relating to building construction and property maintenance.	
Signature: _____	Print Name: _____ Date: _____
(For Office Use Only)	
Fee Received: <input type="checkbox"/> Yes <input type="checkbox"/> No Trans Code: <u>1375</u> Account Code: 120 0341 Form of Payment: _____ Amount: _____ VPR# _____ - _____	Application reviewed by: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied