



# City of Oroville

**BUILDING/CODE ENFORCEMENT DIVISION**

**Donald Rust**  
DIRECTOR

1735 Montgomery Street  
Oroville, CA 95965-4897  
(530) 538-2425 FAX (530) 538-2426  
[www.cityoforoville.org](http://www.cityoforoville.org)

## VACANT BUILDING REGISTRATION APPLICATION

1) New Registration\_\_\_ Registration Renewal\_\_\_ New Property Owner\_\_\_

### 2) PROPERTY DESCRIPTION

Property Address: \_\_\_\_\_ Assessors Parcel Number: \_\_\_\_\_  
Property Type: Single Family \_\_\_ Duplex \_\_\_ Unimproved \_\_\_ Multi-Family \_\_\_ Commercial \_\_\_

Describe Current Property Condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3) OWNER INFORMATION

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

### 4) LIST ALL KNOWN LIEN HOLDERS/OTHER PARTIES WITH AN INTREST

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

\*\*\* Attach information for all other lien holders on separate sheet\*\*\*

### 5) EXPECTED TIME PERIOD OF VACANCY; AND REASON:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6) PLAN FOR BUILDING/PROPERTY**

Proposed Action Type: Re-Occupancy \_\_\_\_\_ Sale/rent/lease \_\_\_\_\_ Demolition \_\_\_\_\_ Developing \_\_\_\_\_

Estimated Timeline for Necessary Action & Completion of Corrections: \_\_\_\_\_

Describe Any Conditions That Need Correction:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7) REGISTRATION FEE**

The annual registration fee for vacant properties in the City of Oroville is \$338.99 plus a technology cost recovery fee of \$20.34 with a total fee due of **\$359.33**. All fees required by Resolution No. 4926 shall be paid to the appropriate city official prior to the service being rendered.

Make Checks Payable to **City of Oroville**.

Mail to: City of Oroville  
Attn: Building/Code Enforcement Department  
1735 Montgomery Street  
Oroville, CA 95965

**I certify that the above information is true and correct, and I understand that I am required to notify the Oroville Building and Code Enforcement Division of any changes. I understand that this application shall be reviewed and approved prior to the property being placed in the Vacant Building Monitoring Program.**

\_\_\_\_\_  
Signature of Property Owner Date  
  
\_\_\_\_\_  
Print Date

**\*Office Use Only\***

Date Received: _____	Amount Received: _____
Receipt #: _____	Staff Initials: _____

Reviewed for Program Acceptance by: _____	Date: _____
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