

# MARSHALLTOWN

IOWA

## VACANT PROPERTY REGISTRATION FORM

The City of Marshalltown has adopted a Vacant Property Code which went into effect on July 1, 2021. The Code requires the annual registration of vacant property within the corporate City limits of Marshalltown, Iowa. Questions related to this registration can be directed to the Housing & Community Development Director at [bldginsp@marshalltown-ia.gov](mailto:bldginsp@marshalltown-ia.gov) or 641-754-5756.

Return completed form and applicable fees and/or additional documents to: City of Marshalltown, Housing & Community Development Department, 36 N. Center Street, Marshalltown, IA 50158

<b>Property Information</b>	
Property Address:	
Parcel Identification Number (PIN):	
Does this property contain a structure: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please describe structures (i.e. single-family house, garage, commercial building)	
<b>Property Owner Information</b>	
Corporation/Owner Name:	
Corporation/Owner Mailing Address:	
Corporation/Owner Phone:	
Corporation/Owner Email Address:	
<b>Primary Contact Person</b>	
Name:	
Mailing Address:	
Phone:	Email Address:
<b>Insurance Information</b>	
Is the property insured with a minimum \$100,000 in general liability coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If there is a structure on the property is there Fire and Casualty insurance for all structures equal to their replacement value or a minimum of \$50,000? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (No Structures on the property)	
If YES, Coverage Amount: \$	
Insurance Company:	
Policy Number:	
Insurance Company Mailing Address:	
Insurance Company Phone:	Insurance Company Email Address:

**Insurance Information (Cont.)**

If insurance is not available then a BOND in the amount of \$50,000 can be secured in the City's favor to ensure all structures on the property can be properly demolished and removed in the event of destruction without taxing public resources.

Is a BOND being secured in place of insurance coverage for this property?

YES  NO  N/A (insurance provided)

**Submit BOND to City of Marshalltown, Attn: City Clerk, 24 N. Center St., Marshalltown, IA 50158**

If neither insurance or bond is secured an annual Uninsured Property Fee in the amount **\$3,000** must be submitted with this Registration Form.

Is a check made payable to the **City of Marshalltown** for the **\$3,000** Uninsured Property Fee enclosed?

YES  NO  N/A (insurance or bond provided)

**Property Plans/Timeline**

Please describe the plans and related timeline for action on this property. (i.e. Plans to demolish or renovate existing structures within a specific time period) Use additional pages if necessary.

**Owner/Agent Acknowledgements**

As the responsible party (owner/agent) for this property I understand that we are responsible for the ongoing maintenance of exterior landscaping/lawn care including the control of weeds/grass. I agree to ensure that the height of weeds/grass will not exceed ten (10") inches in height.

YES  NO

The following company/person is responsible for the lawn care of this property:

Company/Contact Name:

Company/Contact Phone Number:

As the responsible party (owner/agent) for this property I understand that we are responsible for the ongoing snow removal from all public sidewalks within twenty-four (24) hours of snowfall.

YES  NO

The following company/person is responsible for the snow removal from public sidewalks at this property:

Company/Contact Name:

Company/Contact Phone Number:

As the responsible party (owner/agent) for this property I understand that we are responsible for adhering to the Vacant Property Standards as outlined in §158.004.

YES  NO

**Annual Registration Fee**

An annual Vacant Property Registration Fee of **\$100** is due at the time of registration.

Is a check made payable to the **City of Marshalltown** for the **\$100** Vacant Property Registration Fee enclosed?

YES  NO

**Owner/Agent Signature**

I hereby certify that the information contained in this form is accurate and I understand that it is my responsibility to inform the City of Marshalltown, Housing & Community Development Department of any changes to this information.

Signature	Date
Printed Name:	Title: