



**City of Waukegan**  
**Building and Code Compliance Department**  
 100 N. Martin Luther King Jr. Avenue, Waukegan, IL 60085  
 847-625-6862

**VACANT STRUCTURE REGISTRATION FORM**

Dear Property Owner:

Pursuant to Ordinance 10-O-24 of City of Waukegan, amending chapt. 6 of the Code of Ordinances, any structure which has been determined to be a "Vacant" must be registered with the City of Waukegan, 100 N. Martin Luther King Jr. Avenue, Waukegan, IL 60085.

Please complete the form, parts 1 and 2, submit \$250 registration fee with application. Application must be submitted within 10 days of knowledge that the property is vacant. Any and all changes to the information provided on this form shall be reported to the City of Waukegan, Building Department, within 10 days at the number listed above or by email at: carmen.santiago@ci.waukegan.il.us

**Vacant Structure Address:** \_\_\_\_\_

**Type of Structure:**

- Residential 1-2 units
- Residential 3-11 units
- Residential 12-49 units

- Residential 50 units and above
- Commercial structures

**Owner Information:**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Email: \_\_\_\_\_

Other \_\_\_\_\_

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Email: \_\_\_\_\_

By affixing my signature to this form, I understand that the City will not issue a Registration Certificate, required by City ordinance, until the required registration process is complete. I accept service by "Notice of Posting" on the property.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Agent:**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Vacant Building Liability Insurance Company:**

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Number: \_\_\_\_\_

Amount of Coverage \$ \_\_\_\_\_