



Building Division-Public Works Department
2120 Hord Ave-Jennings, Mo 63136

Phone (314) 388-1164
Fax (314) 867-6458

RESIDENTIAL VACANT PROPERTY REGISTRATION FORM

Permit # _____

The purpose of the City of Jennings Residential Vacant Property Program is to help protect the health, safety and welfare of the citizens by preventing blight, protecting property values and neighborhood integrity avoiding the creation and maintenance of nuisance residential dwellings and buildings. A building or structure will be deemed vacant if the property is not legally or currently occupied. Vacant properties will be monitored for compliance with property maintenance and safety requirements. Residential structures that are vacant or will be vacant for a period greater than 6 months are subject to City Ordinance 2478 Section PM 400-4. Property in violation of property maintenance and safety requirements will be subject to City Ordinance 2478 Section PM 400-4 "Vacant Residential Structure Fees."

PROPERTY ADDRESS	
	Jennings MO 63136 <input type="checkbox"/>

Loan Companies ONLY

House Vacant & Foreclosure Complete? Yes No

PROPERTY OWNER				
Name				
Address				
City	State	Zip	Phone No	
E-MAIL				

PROPERTY(MANAGER) OVERSIGHT				
Name				
Address				
City	State	Zip	Phone No	
E-MAIL				

EMERGENCY CONTACT		
Name	Phone No	Alt
Property Owner <input type="checkbox"/> Property Manager <input type="checkbox"/> Other <input type="checkbox"/>		

UTILITY STATUS		
Gas Service	Disconnected <input type="checkbox"/>	Proper Working Order <input type="checkbox"/>
Electric Service	Disconnected <input type="checkbox"/>	Proper Working Order <input type="checkbox"/>
Water Service	Disconnected <input type="checkbox"/>	Proper Working Order <input type="checkbox"/>

Return completed form with payment of \$200.00 for RVPR and payment of \$45.00 for RVPR Exterior Inspection payable to:
City of Jennings 2120 Hord Ave Jennings MO 63136

AUTHORIZATION:

By signing and submitting this document, I am authorizing the City of Jennings to utilize this information, certifying that I have the legal authority to do so. I affirm that the information provided is accurate to the best of my knowledge and I am granting permission to the City of Jennings authorized staff to access the exterior of the property for inspection purposes.

Office Use Only	AMOUNT _____	RECIEPT# _____	DATE _____	CLERK _____
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SIGNATURE _____ **PRINT** _____

DATE _____ **DRIVERS LICENSE OR STATE ID#** _____