

# VACANT HISTORIC COMMERCIAL & INDUSTRIAL PROPERTY REGISTRATION

Phone: 330-848-6729

Make checks payable to **THE CITY OF BARBERTON** and mail to  
City of Barberton Planning Department 576 W. Park Ave. Barberton OH 44203

## PROPERTY INFORMATION:

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARCEL NUMBER \_\_\_\_\_ ZONING CODE \_\_\_\_\_ FORECLOSURE: \_\_\_\_\_ Yes \_\_\_\_\_ No

TOTAL NUMBER OF COMMERCIAL/INDUSTRIAL UNITS \_\_\_\_\_ TOTAL NUMBER OF RESIDENTIAL UNITS \_\_\_\_\_

NUMBER OF OCCUPIED COMMERCIAL/INDUSTRIAL UNITS \_\_\_\_\_ NUMBER OF OCCUPIED RESIDENTIAL UNITS: \_\_\_\_\_

## **VACANT HISTORIC COMMERCIAL/INDUSTRIAL REGISTRATION FEE:**

**YEAR ONE: \$2,000.00**

**YEAR TWO: \$4,000.00**

**YEAR THREE: \$8,000.00**

**YEAR FOUR: \$16,000.00**

**YEAR FIVE +: \$32,000.00**

**FORECLOSURE BOND FEE: \$25,000.00**

PROPERTY OWNER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ **F.I.D. #:** \_\_\_\_\_

AUTHORIZED AGENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE #: \_\_\_\_\_ 24-HOUR CONTACT #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ **F.I.D. #:** \_\_\_\_\_

FORECLOSING INSTITUTION NAME AND ADDRESS: \_\_\_\_\_

FORECLOSING AGENT NAME AND CONTACT NUMBER: \_\_\_\_\_

## **IN ACCORDANCE WITH THE CITY OF BARBERTON'S "VACANT PROPERTY REGISTRATION PROGRAM" ORDINANCE, BY SIGNING BELOW YOU:**

- **CERTIFY** that the information provided above is accurate, and **AGREE** to notify the City of Barberton Planning Department of any changes to the property within 15 days.
- **AGREE** to pay the required fees at the time of registration/ renewal and comply with the requirements set fourth in Ordinance No. 75-2025
- **CERTIFY** that the property has been inspected by the **Owner/Agent** at the time of filing the Property Registration.
- **AGREE** that adherence to this ordinance **does not relieve the owner of any applicable obligations** set forth in the City ordinance.
- **AGREE** that the pictures submitted are true and accurate to the state of the building.
- **AGREE** to schedule an inspection of your property within 15 days of submission of this form.

**\*\*INCOMPLETE REGISTRATION FORMS WILL NOT BE ACCEPTED\*\***

**Transfer of Ownership**

**Must adhere to Section 107.5 (Transfer of Ownership) of the International Property Maintenance Code.**

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**SIGNATURE**

**DATE**

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**PRINT NAME**