



**City of Anoka**

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[www.ci.anoka.mn.us](http://www.ci.anoka.mn.us)

**VACANT BUILDING REGISTRATION**

ALL INFORMATION ON THIS APPLICATION MUST BE COMPLETED

1) New Registration  Registration Renewal

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2) PROPERTY DESCRIPTION

Property Address: \_\_\_\_\_ Property Identification Number: \_\_\_\_\_

Property Type: Residential  Commercial  Industrial

Other  Describe: \_\_\_\_\_

Describe current property conditions: \_\_\_\_\_

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3) OWNER INFORMATION

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: BUSINESS \_\_\_\_\_ EVENING \_\_\_\_\_

CELL \_\_\_\_\_ EMERGENCY \_\_\_\_\_ FAX \_\_\_\_\_

4) LIST ALL KNOWN LIEN HOLDERS

Lien Holder 1

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: BUSINESS \_\_\_\_\_ EVENING \_\_\_\_\_

CELL \_\_\_\_\_ EMERGENCY \_\_\_\_\_ FAX \_\_\_\_\_

Lien Holder 2 (if applicable)

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: BUSINESS \_\_\_\_\_ EVENING \_\_\_\_\_

CELL \_\_\_\_\_ EMERGENCY \_\_\_\_\_ FAX \_\_\_\_\_

List any further lien holders in additional information section

\_\_\_\_\_  
5) EXPECTED TIME PERIOD OF VACANCY \_\_\_\_\_  
\_\_\_\_\_

6) PLAN FOR OCCUPANCY / COMPLIANCE / DEMOLITION

Proposed action type: Re-occupancy \_\_\_\_\_ Compliance \_\_\_\_\_ Demolition \_\_\_\_\_

Estimated timeline for necessary actions & corrections: \_\_\_\_\_

Estimated cost of corrections & planed actions: \_\_\_\_\_

Describe any conditions that need correction: \_\_\_\_\_

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

Brief description of proposed plan: \_\_\_\_\_

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

Include/attach copies of all relevant plans for review by the City Building Official and Property Maintenance Coordinator including plans for future care and upkeep

