



## APPLICATION FOR VACANT BUILDING MAINTENANCE LICENSE

All vacant buildings located within the city limits of Las Vegas, New Mexico must obtain a license with the City of Las Vegas Community Development Department in accordance with Chapter 148 of the City of Las Vegas City Code, which can be found at <https://ecode360.com/14558021>. Please complete this form for each vacant building located in Las Vegas, New Mexico that you have an ownership interest in. You are required to submit a separate application for each vacant building. Upon completion, please mail this application, along with the appropriate license fee (see below) and the appropriate processing fee to: City of Las Vegas Community Development Department, attention Code Enforcement, 1700 North Grand Avenue, Las Vegas, New Mexico 87701. **An application processing fee of \$100.00 for a residential building or \$100.00 for a commercial building** must accompany this application.

### Section I: Address/es of Vacant Building *(Required)*

Street Address, hereafter referred to as the "Property": \_\_\_\_\_  
\_\_\_\_\_

### Section II: Property owner information *(Required)* (No P.O. Boxes are permitted; must provide a street address)

**If Individual Owner or Designated Agent, please complete the following:**

Property Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

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

Designated Agent or Contact Person: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**If Partnership, Corporation, Trust or Other, please complete the following: (Please use the supplemental form to list each additional partner, officer, or trustee.)**

Tax ID Number of Partnership or Corporation: \_\_\_\_\_

Name of Partnership or Corporation: \_\_\_\_\_

State and year of incorporation or creation: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Section III: Vacant Building Plan (Required)**

I hereby submit a plan of (Please Circle): **Demolition | Secure Vacancy | Rehabilitation:**

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

**Section IV: Proof of Insurance (Required)**

The owner shall provide the following for the Property: (1) a certificate(s) of insurance for commercial liability (if a commercial building); (2) a certificate of insurance for personal, premises or both types of liability insurance; and (3) a fire legal endorsement, if applicable.

If submitting a plan of demolition, please also provide proof of holding in escrow with the City of Las Vegas in the amount of \$10,000 for a residential property or \$75,000 for a commercial property. Escrow funds will be released upon completion of the submitted plan. Use additional paper to outline further details pertaining to your plan.

**Escrow for Demolition:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Section V: Fees (Required)**

Please make checks payable to City of Las Vegas. A non-refundable fee of \$100.00 shall be charged for processing the license being applied for. In addition to the \$100.00 processing fee, the license fee included with this form pertains to the current year of vacancy (Please circle)

**Residential: \$500-1 st year | \$700- 2nd year | \$1000- 3rd year or subsequent year**

**Commercial: \$1000-1 st year | \$1200- 2nd year | \$1,500- 3rd year or subsequent year**

I, \_\_\_\_\_, hereby apply for a vacant building maintenance license for the Property, and I hereby represent, under penalty of perjury, that the information contained in this application complete and accurate. I have read and understand Chapter 148 of the City of Las Vegas Code and agree to comply with its requirements. I agree to notify any purchaser or future owner of the Property of the existence of this application and the status of the vacant building maintenance license regarding the Property.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Subscribed and duly sworn before me according to the law, by the above named applicant this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_\_ in the County of \_\_\_\_\_, State of \_\_\_\_\_.

Notary Signature: \_\_\_\_\_