

Division of  
Code Enforcement  
15 Loockerman Plaza  
Dover, DE 19901

# City of Dover



Phone: (302) 736-4457  
Fax: (302) 736-4217

## City of Dover Vacant Building Registration

1.	Amount Due:		LID#:		Amount Paid:	
	Date Due:		Case #		Date Registered:	
	Vacant Since:		Tax Parcel #			
	Property Address:					
	Current Property Owner:					
	Address:					
	Phone:		Cellular:			
	E-Mail:					
2.	<b>** Local agent is required for any owner residing outside of Kent County Delaware</b>					
	Responsible Person/Agent:					
	Address:					
	Phone:		Cellular:			
	E-Mail:					

3. Insurance on Building: Y  / N   
If Yes: Name of Insurance Company: \_\_\_\_\_

Exempt from Registration Fee: Y  / N

4. Explanation of Exemption if granted: \_\_\_\_\_

**NOTE: No Exemption if Registered by City of Dover Staff**

5. \*\*\*\*If building is for sale or lease—Listed Selling Price: \_\_\_\_\_

\*\*\*\* Attach a copy of the Realtors Listing Sheet (REQUIRED)

6. Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Fees as follows:**

Buildings vacant one year or less;	\$375.00
Buildings vacant for more than one year but less than two years;	\$750.00
Buildings vacant for more than two years but less than three years;	\$1,500.00
Buildings vacant for more than three years but less than five years;	\$3,000.00
Buildings vacant for five years or longer;	\$5,000.00

Interior Inspection Date \_\_\_\_\_

OFFICE USE ONLY		
ELECTRIC:	Y <input type="checkbox"/>	N <input type="checkbox"/>
GAS SERVICE:	Y <input type="checkbox"/>	N <input type="checkbox"/>
BASEMENT:	Y <input type="checkbox"/>	N <input type="checkbox"/>
SECURED:	Y <input type="checkbox"/>	N <input type="checkbox"/>
PHOTO:	Y <input type="checkbox"/>	N <input type="checkbox"/>
STRUCTURE SOUND:	Y <input type="checkbox"/>	N <input type="checkbox"/>
WEAK FLOORS:	Y <input type="checkbox"/>	N <input type="checkbox"/>

REVISED 11/22/2023

Community Excellence Through Quality Service