



Richland Hills Development Services

3200 Diana Drive | Richland Hills, TX, 76118

817-616-3800 | richlandhills.com

Vacant Building Registration

Indicate application type:

Single Family

Duplex

Four-plex

Non-Residential

Owner's Information

Owner's Name: _____

Owner's Address: _____

Owner's Phone Number: (_____) ____ - _____

Owner's Email Address: _____

Property Manager (if applicable): _____

Address: _____

Contact Phone Number: (_____) ____ - _____

Email Address: _____

Rental Property Address:

Emergency Contact information

Emergency Contact Name: _____

Emergency Contact Address: _____

Emergency Contact Phone Number: (_____) ____ - _____

Emergency Contact Email Address: _____



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Additional information

Date of Application:

Date Building was Last Occupied:

Description of **ANY HAZARDOUS MATERIALS**, use of conditions that currently exist or previously existed in the vacant building.

Description of Vacant Building (square feet, number of stories, construction type, etc.)

Number of Vacant Building/Structures on site: swimming pools, spas, located in/on to premises:

Proof of Insurance on Vacant Building:

Name of Insurance Company: _____

Name of Insurance Agent: _____

Address: _____

Phone Number: (____) _____ - _____

Policy Number: _____



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Consent for Inspection of Vacant Building

Consent for the building official to enter at reasonable times, provided that such entry shall either be in the presence of the owner of the owner's representative, or, should the owner or owner's representative fail to appear when requested, based upon a search warrant issued by the municipal court based on a showing of reasonable suspicion that a violation of the Richland Hills, Texas Code of Ordinances, Part II, Chapter 14 – Buildings and Building Regulations, Article XV, Division 1 has occurred.

Date of inspection: _____

Owner / Agent Present (print): _____

Signature: _____

Plan for Vacant Building

For Official Use Only

TAD Parcel Number: _____

Name of Lien Holder: _____

Address: _____

Phone Number: (_____) ____ - _____

Certificate Number: _____

Received by: _____

Date: _____

Fee: _____

Receipt Number: _____

Comments: _____
