



ENFORCEMENT INSPECTIONS: Vacate Dismissal Request Form

(FORM MUST BE TYPEWRITTEN)

Date: _____

Name: _____ Phone No.: _____

Email Address: _____

Named Respondent: _____

Place of Occurrence: _____

SECTION 1

Vacate Order No. _____ Full Vacate Partial Vacate

Specify location of the Partial Vacate _____

Copies of color pictures indicating before and after images of the non-complying condition(s) must accompany request.

NOTE: All vacates issued for structural reasons require a structural assessment report from a Licensed Professional.

SECTION 2

List all violations associated with the Vacate Order:

| | | |
|---------|---------|---------|
| ECB No. | ECB No. | ECB No. |
| ECB No. | ECB No. | ECB No. |

| | | |
|---------|---------|---------|
| DOB No. | DOB No. | DOB No. |
|---------|---------|---------|

Was a Certificate of Correction filed for all violations giving rise to the Vacate Order? YES NO

A copy of every approved Certificate of Correction associated with the violations giving rise to a Vacate Order and failure to comply with a Vacate Order (when applicable), **must** be submitted as part of this request for rescission.

SECTION 3

Legal allowable use of the property: 1-2 Family MD Mixed Use C/M Vacant Lot

Permits obtained: YES NO Permit No. _____ Job signed off: YES NO

Permit Type: Elect LAA ALT1 ALT2 ALT3 NB DM

Please provide copies of any permits obtained.

ENFORCEMENT INSPECTIONS UNIT USE ONLY

| | | | |
|---|-----------|---------------------|---------|
| Approved YES <input type="checkbox"/> NO <input type="checkbox"/> | COMMENTS: | Reviewed by (print) | |
| | | Date | Initial |

All requests for Vacate Rescissions must obtain preliminary sign-off from the Chief Inspector or above prior to final sign-off by Final Approver.