

Repair/Action Plan



Customer Assistance Department/City of St. Joseph
Room 405/City Hall – 1100 Frederick Ave
St. Joseph, MO 64501
Phone: 816-271-5343/Fax: 816-271-4826

Property Address: _____

Legal Description: _____

Tax Parcel ID: _____

Owner Name: _____

Address: _____

Phone (Home & Work): _____

If owner resides outside of Buchanan county, please provide the following information for an authorized agent who resides in Buchanan County. The authorized agent must be a person of 18 years of age or older who has the authority to receive all notices and service of process on behalf of the owner.

Name: _____

Address: _____

Phone: (Home & Work): _____

List below all persons with any legal interest: (ie Lien holders, joint ownership, etc.)

Name _____ Address: _____

Phone Number: _____

Name: _____ Address: _____

Phone Number: _____

Property history information:

Years Owned: _____

How long has the structure been vacant: _____

What are your intentions for the property (ie: rehab, sell, rent, other): _____

Repair/Action Plan

Initials	Compliance Action	Start Date	Completion Date	Inspector Sign Off

Notes:

301.3 Vacant structures and land. All Vacant structures and premises thereof or vacant land shall be maintained in a clean, safe, secure and sanitary condition as provided herein so as not to cause a blighting problem or adversely affect the public health or safety.

The owner /agent shall arrange for a re-inspection of the structure upon each date of completion.

I have been advised that failure to contact the inspector if I am unable to meet the completion date or failure to make repairs by the completion date can result in a summons to appear in court.

Owner/Agent Signature: _____ **Date:** _____