

# Covered Multi-Family Building Registration Form



Incredibly Close ✨ Amazingly Open

Covered Building Owners are required to register their Covered Building annually with the Department of Community and Economic Development on or before **December 31** of each year. Submit with this Registration Form payment in the amount of \$110 for the annual Registration of Multi-Family Covered Building Fee (Sec. 1-11-4, 10-5-7). Covered Buildings and Covered Building Owners are defined as follows:

*COVERED BUILDING: A multi-family residential building, or portion thereof under a single roof or within a single integrated structure, that contains ten (10) or more dwelling units or is three (3) or more stories in height, regardless of rental or ownership status.*

*COVERED BUILDING OWNER: The person or entity responsible for the ownership, operation, maintenance, or control of a covered building, including, but not limited to, an individual property owner, condominium association, cooperative association, homeowners' association, or any other legal entity having ownership or responsibility for the building.*

**Notice: The Covered Building Owner must notify the Village in writing within thirty (30) days of any change to the information provided on this Registration Form, including, but not limited to, changes in ownership, the designated contact person, the property management company, the condominium association, mailing address, phone number, email address, or emergency contact information.**

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|
| Covered Building Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                               |  |
| Covered Building Property Index Numbers:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                               |  |
| Primary Owner Contact Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                               |  |
| Primary Owner Contact Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                               |  |
| Primary Owner Contact Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             |                                               |  |
| Management Company Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                             |                                               |  |
| Management Contact Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                               |  |
| Management Contact Email:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             |                                               |  |
| Emergency Contact #1 Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                               |  |
| Emergency Contact #1 Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                               |  |
| Emergency Contact #2 Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                             |                                               |  |
| Emergency Contact #2 Phone:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                             |                                               |  |
| Ownership Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Single Owner <input type="checkbox"/> Condominium                                                  |                                               |  |
| Occupancy Type:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Renters Only <input type="checkbox"/> Owners Only <input type="checkbox"/> Mix of Renters & Owners |                                               |  |
| Number of Dwelling Units:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             | Number of Stories:                            |  |
| Date of Certificate of Occupancy:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                             | Date of Last Structural Integrity Inspection: |  |
| <b>Certification: I certify that I am the owner or authorized representative of the Covered Building identified in this registration and that, to the best of my knowledge, the information provided in this registration is true, complete, and accurate. I understand that this registration is submitted pursuant to Section 10-5-7 of the Morton Grove Municipal Code and that the Covered Building Owner is responsible for complying with all applicable requirements of the Structural Integrity Inspection Program, including annual registration, required structural integrity inspections, and the timely submission of inspection reports.</b> |                                                                                                                             |                                               |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                             | Date                                          |  |
| Name (Print)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                             | Position/Role                                 |  |