



**CITY OF CHICAGO**  
**DEPARTMENT OF BUILDINGS**

**Multiple Dwelling Registration Statement**

Pursuant to Chapter 13-10 of the Municipal Code of Chicago (the "MCC"), any building containing four (4) or more family units or sleeping accommodations for ten (10) or more, must register with the Buildings Department by **February 1st of each year**. Moreover, if there has been any change in any of the information set forth in this form, except for change of ownership, a new form must be completed and submitted within 20 business days of such change. When a change of ownership occurs, the new building owner must provide an updated registration statement.

Every owner must complete this form and certify that the statements are true and correct. Send the completed form with a **\$10.00** registration fee, in the form of a check or money order (do not send cash), payable to the City of Chicago, to: Building Registration, Department of Buildings, 120 N. Racine Ave., Chicago, IL 60607. Any questions regarding this form should be directed to the Department of Buildings at (312) 743-7063.

1. **Property Address:** (If applicable, include address range (e.g. 121-31 N. LaSalle, not just 121 N. LaSalle).)  
 Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Number of Family Units within Building \_\_\_\_\_
  
2. **Property Identification Numbers of Building Property (PINs):** \_\_\_ - \_\_\_ - \_\_\_ - \_\_\_
  
3. **Owner:** (Do not use a P.O. Box. The name and address of each owner must be listed separately. List additional owner information on a separate sheet of paper and attach it to this form.)  
 Owner Name: \_\_\_\_\_ Percentage Ownership: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 24-Hour Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_
  
4. **OWNER(S) IS (ARE) ENTITY(IES) OTHER THAN NATURAL PERSON(S)- PARTNERSHIP, LIMITED LIABILITY COMPANIES, CORPORATIONS OR OTHER:** (Do not use a P.O. Box.)
  - Is the Entity a Partnership or Voluntary Unincorporated Association?  
**YES** (If YES, complete Section 4A .) **NO**.
  - Is the Entity a Corporation or Limited Liability Corporation?  
**YES** (If YES, complete Section 4A & 4B.) **NO**.

<p>A. Name of Responsible Partner, Manager, or Officer:</p> <hr style="border: 1px solid black;"/> <p>Title: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____</p> <p>24-Hour Phone: _____</p>	<p>B. Name of Registered Agent</p> <hr style="border: 1px solid black;"/> <p>Title: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____</p> <p>24-Hour Phone: _____</p>
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5. **OWNER(S) IS (ARE) LAND TRUST(S):** (Do not use a P.O. Box.) Is the property held in a Land Trust?  
 \_\_\_ **YES** (If YES, complete this Section 5.) \_\_\_ **NO**

(The name and address of each beneficiary must be listed separately. List additional beneficiary information on a separate sheet of paper and attach it to this form. If beneficiary is not a natural person, provide information requested in Section 4.)

Beneficiary: _____ Percentage Ownership: _____ Address: _____	Beneficiary: _____ Percentage Ownership: _____ Address: _____
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City: _____ State: _____ Zip: _____ 24-Hour Phone: _____	City: _____ State: _____ Zip: _____ 24-Hour Phone: _____
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6. **EMERGENCY CONTACT PERSON:** (Do not use a P.O. Box.)  
 Name of Emergency Contact Person: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 24-Hour Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

7. **AUTHORIZED AGENT:** (Do not use a P.O. Box.)  
**A.** Authorized Agent Information Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Illinois, Zip: \_\_\_\_\_  
 24-Hour Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**B.** Attestation: I attest that the information provided in this section is true and correct. I am at least 21 years of age. I maintain an office in Cook County, Illinois or actually reside within Cook County, Illinois. I maintain a 24-hour telephone number. I am responsible for and consent to receive any and all notices of violations of the MCC that concern the registered building and to receive process, in any court proceeding or administrative enforcement proceeding, on behalf of the building's owner(s), in connection with the enforcement of the MCC. I will notify the Buildings Department of any changes in the information submitted in this section about me within 20 business days of such change.

\_\_\_\_\_  
 Signature of Authorized Agent

\_\_\_\_\_  
 Date

8. **PROPERTY MANAGER: (yrPM)** (Do not use a P.O. Box.)

Does a Property Manager ("Manager") manage the property?

**YES** (If YES, complete this Section 5.) **NO**

**A. Manager Information.** Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

24-Hour Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

City Business License # \_\_\_\_\_ Name of Contact Person: \_\_\_\_\_

**B. Attestation:** I attest that the information provided in this section is true and correct. Manager maintains a 24-hour telephone number. Manager is responsible for and consent to receive any and all notices of violations of the MCC that concern the registered building and to receive process, in any court proceeding or administrative enforcement proceeding, on behalf of the building's owner or owners, in connection with the enforcement of the MCC. Manager will notify the Buildings Department of any change in the information submitted in this subsection about Manager within 20 business days of such change.

\_\_\_\_\_  
Signature of Contact Person

\_\_\_\_\_  
Date

**AS OWNER, OR AS A REPRESENTATIVE OF THE OWNER(S), I HEREBY CERTIFY THAT THE STATEMENTS IN THIS FORM ARE TRUE AND CORRECT.**

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**Note:** For each day that a building is not registered in accordance with MCC, chapter 13-10, a separate and distinct offense is deemed to have been committed by the owner, and each offense carries a fine of not less than \$100 nor more than \$500 for the first offense and not less than \$200 nor more than \$1,000 for each subsequent offense within any 180-day period. No certificate of occupancy shall be issued, no building permits shall be issued, and no transfer tax stamps shall be issued without presentation of a current Building Registration Certificate.

The intentional submission of false information on this form shall be an offense punishable by a fine of neither less than \$500.00 nor more than \$1,000.00. Each day that such information remains uncorrected by the owner(s) shall constitute a separate and distinct offense.