



City of Saratoga Springs
Department of Public Safety
Code Administration
474 Broadway
Saratoga Springs NY 12866
Phone: (518) 587-3550 x 2632
Fax: (518) 587-3282

VACANT BUILDING REGISTRATION FORM

(Please complete and return one (1) form per property within thirty (30) days – Must be typed or legibly printed

TYPE OF APPLICATION

- Original Registration
- Update of Application Previously Submitted (must be within 30 days of change)
Date of Application Change: ____/____/____
- Renewal Registration
Date of Original Registration: ____/____/____

PROPERTY DESCRIPTION

Building Address (Include Building Number)

Section, Block and Lot No.

Date of Vacancy

Estimated length of time building will be vacant (month/years)

Sq. Footage of Building _____ No. of Stories above ground level ____ Below ____

PROPERTY SYSTEMS

Sprinkler System Yes No [Operational Yes No / Current Insp. Yes No
Stand Pipe System Yes No [Operational Yes No / Current Insp. Yes No
Fire Detection System Yes No [Operational Yes No / Current Insp. Yes No
Elevator Yes No [Operational Yes No / Current Insp. Yes No

Is this building in an historic district Yes No

- If “yes” please attach an explanation of what measures will be taken to ensure that the building does not suffer structural damage due to neglect.

Status: Abandoned Distressed Secure Open and Accessible

Utilities: Electricity On Off Water On Off Gas On Off

PROPERTY ENVIROMENTAL CONDITIONS (Please submit documents or reports validating hazards)

Description of hazardous materials, uses or conditions that currently exist or previously existed.

OWNERSHIP INFORMATION (If more than one owner, attach additional sheets)

Owner Name _____

Is this Owner a Private

Corporation (include Certificate of Corporation)

Limited Partnership (include Certificate of Limited Partnership)

Limited Liability Company (include Articles of Organization and list
Names and Addresses of all members on a separate and attached sheet)

Trust EIN: _____

Estate EIN: _____

Owner Tax ID Number (if applicable) _____

Mailing Address (Number, Street, City, State, Zip

 Telephone Number

 Alternate Telephone Number

Email Address

LIEN HOLDER INFORMATION (If more than one lien holder, attach additional sheets)

Name of Lien Holder

Contact Name

 Phone Number

Street Address

City

State

Zip

Type: Lien Holder Other Financial Interest – Specify _____

SIGNATURES

The undersigned attests to the above information as accurate. Any falsification may result in the denial or revocation of the certificate of registration for a vacant building.

Owner # 1 Signature _____ Date ____/____/____

Owner # 2 Signature _____ Date ____/____/____

_____ Date ____/____/____

Officer of Corporation, Limited Partnership, Limited Liability Company or Limited Liability Partnership

Title and Company _____ Date ____/____/____

Agent Signature _____ Date ____/____/____

Title and Company _____ Date ____/____/____

DIRECTIONS FOR COMPLETION OF VACANT BUILDING REGISTRATION FORM:

1. OWNER – Those shown to be the owner or owners on the records of the City of Saratoga Springs Office of Assessment , those identified as the owner or owners on a vacant building registration form, a mortgagee in possession, a mortgagor in possession, assignee of rents, receiver, executor, trustee, lessee, other person, firm or corporation in control of the premises. Any such person shall have a joint and several obligation for compliance with the provisions of this article.
2. AGENT – If the Owner does not reside on Saratoga County or any adjoining county, the name and address of any third party (living within Saratoga County or any adjoining county) with whom the owners has entered into a contract or agreement for property management.
3. CONTACT PERSON PHONE – A responsible party that can be reached at all time during business and non business hours. Please include both telephone numbers.
4. LIEN HOLDERS – The names and addresses of all known lien holders and all other parties with an ownership interest in the building.
5. PROPERTY DESCRIPTION – Description of the property, including number of units; type of structure and number of stories.
6. VACANT BUILDING PLAN – The owners shall submit a vacant building plan which must meet the approval of the Code Enforcement Officer. The plan at a minimum, must contain from one of the following three choices for the property:

- (a) If the building is to be demolished, a demolition plan indicating the proposed time frames for demolition.
 - (b) If the building is to remain vacant, a plan for the securing of the building as directed by Code Administration, if applicable, along with the procedures that will be used to maintain the property in accordance with the New York State Property Maintenance Code.
 - (c) If the building is to be returned to appropriate occupancy or use rehabilitation plans for the property. The rehabilitation plan shall not exceed 365 days, unless the Code Enforcement Officer grants an extension upon receipt of a written statement from the owner detailing the reasons for the extensions. Any repairs, improvements or alterations to the property must comply with and applicable zoning, housing, historic preservation, design review or building codes and must be secured as directed by Code Administration.
7. SIGNATURE – Must be signed by the owner or the designated agent of the property.
8. TITLE AND COMPANY – Include the title and company of officer or agent.