



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

## VACANT BUILDING REGISTRATION FORM

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

**FEE SCHEDULE: Residential \$300 for 1<sup>st</sup> year - \$1000 5<sup>th</sup> year & after**  
**Non Residential \$600 for 1<sup>st</sup> year - \$2000 5<sup>th</sup> year & after**

**\*\* Incomplete form will NOT be accepted \*\***

### 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

**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) \_\_\_\_\_

\_\_\_\_\_  
(Number, Street, City, State, Zip) \_\_\_\_\_ Mailing Address

\_\_\_\_\_  
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 \_\_\_\_\_

**Property Manager / Emergency Contact**

\_\_\_\_\_  
Name of Property Manager

\_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Telephone \_\_\_\_\_ ( ) \_\_\_\_\_  
Secondary Telephone / Fax

Email

**VACANT BUILDING PLAN** (Must be accompanied by color photographs of all four exterior walls, as well as a Site Diagram, to include at a minimum, the following: building height, total sq. footage, openings secure, fire sprinkler impaired, combustibles removed.)

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 current building and property maintenance codes as outlined in the International Code and NY supplement.
- (c) 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.

Name of Maintenance Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Describe in Detail the Maintenance Plan for Property (Add separate sheet if necessary)

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Deed must accompany registration**

June 2017