City of Glens Falls
Building and Codes Department

230 Dix Ave., Second Floor
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buildingcodes@cityofglensfalls.com
Philip Cancelliere – Code Enforcement Officer

VACANT BUILDING REGISTRATION FORM

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

Annual Fee Schedule: Year 1-$250 Year 2-$400 Year 3-$550 Year 4-$750 Year 5+- $1000

****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)

_____
SBL No. Estimated length of time building will be vacant (month /year)

_____ _____
Date Unoccupied How is building secured

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

PROPERTY SYSTEMS

Sprinkler System: ( ) Yes ( ) Operational ( ) Current Insp. ( ) None
Stand Pipe System: ( ) Yes ( ) Operational ( ) Current Insp. ( ) None
Fire Detection System: ( ) Yes ( ) Operational ( ) Current Insp. ( ) None

STATUS: ( ) Abandoned ( ) 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's 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) _____

Street Address City State Zip

( ) _____ ( ) _____
Telephone Number Alternate Telephone Number

Email Address

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

Name of Lien Holder

Contact Name ( ) _____
Phone Number

Street Address City State Zip

PROPERTY MANAGER / EMERGENCY CONTACT ***(**MUST LIVE WITHIN 25 MILES**)***

Name of Property Manager

Street Address City State Zip

( ) _____ ( ) _____
Telephone Number Alternate Telephone Number

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 securing 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: _____ Email: _____

Telephone: _____ Emergency Number: _____

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

_____

_____

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