TOWN OF SMITHTOWN

DEPARTMENT OF PUBLIC SAFETY

65 MAPLE AVENUE, SMITHTOWN, NEW YORK 11787

631-360-7553

VACANT BUILDING REGISTRATION FORM

OWNER NAME:

Building Address

Section, Block and Lot Number

DATE OF VACANCY:

Owner Status:

( ) Private

( ) Corporation (upload Certificate of Corporation & Franchise Tax Report)

( ) Limited Partnership (Requires Certificate of Limited Partnership & Partnership Agreement)

( )Limited Liability Company(Requires Articles of Organization & Operating Agreement)

( ) Trust : _____

( ) Estate: _____

Owner Tax ID/ EIN Number _____

Address

( ) _____ _____

Telephone Number Email

MORTGAGEE INFORMATION (If more than one lien, list additional here)

Name of Mortgagee

_____ ( ) _____

Contact Name Phone Number

Address City State Zip

Email

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VACANT BUILDING REGISTRATION FORM

LOCAL AGENT / EMERGENCY CONTACT

_____

Name of Local Agent

_____

Address City State Zip

(___)_____ _____

Telephone Number Email

ACKNOWLEDGMENT

Certification: I hereby certify that I have examined this application and know the information contained therein to be true and correct. In no instance shall the registration of a vacant building and the payment of a registration fee be construed to exonerate the owner, agent or responsible party from responsibility for compliance with building, housing and maintenance requirements.

Registrant:

On Behalf Of:

Signature:_____ **Date:** _____

On this _____ day of _____, 20_____, before me personally came

_____, to me known and known to me to be the person described in as the applicant and who executed the foregoing instrument and has acknowledged to me that he/she executed the same.

_____

Notary Public