



City of Saratoga Springs
Department of Public Safety
Code Administration

474 Broadway
Saratoga Springs, NY 12866
(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 - \$500 for 1st & 2nd year - \$750 for 3rd & 4th - \$1000 5th year & after

Non Residential - \$1000 for 1st & 2nd year - \$1500 for 3rd & 4th year - \$2000 5th 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

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**