

CRAIG HAIGH CEO

KENNETH A. ELLSWORTH ASST. CEO
JAMES W. SCHERMERHORN ASST. CEO

Department of Code Enforcement

429 WARREN STREET
Phone (518) 828-3133 Fax (518) 828-9241

Vacant Building Registration Form

Type of Application

Original Registration

Update of Application Previously Submitted (must be within 30 days of change)
Date of Application Change: ___/___/___

Renewal Registration: ___/___/___

Property Description

Address of Vacant Property: _____

Parcel number: _____ Tax ID number: _____

Date of Vacancy: ___/___/___ Estimated Time to be vacant: _____

Age of Building _____ Number of Stories above ground _____ Below ground _____

Most recent use: Commercial Residential Number of dwelling units _____

Utilities: Water: On ___ Off ___ Gas: On ___ Off ___ Electricity: On ___ Off ___ Winterized: Yes ___ No ___

Vacant Building Registration Received Dates:

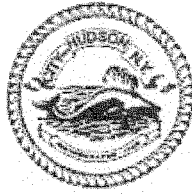
Year One: _____

Year Two: _____

Year Three: _____

Year Four: _____

Year Five: _____



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Property Owner (If the building is held by a corporate or partnership entity, please list the corporate or partnership name, address and principal of the corporate or partnership entity.)

Owner of Record's name: _____

Physical Address: _____ State: _____ Zip Code: _____

Mailing Address (If different): _____ State: _____ Zip Code: _____

Telephone Number: _____ E-mail: _____

Social Security Number: _____ OR Copy of Gov't Issued Photo ID Attached:

Please check the appropriate entity of owner:

Entities must attach the following documentation

Corporation: _____

Corporations: Articles of Incorporation
Operating Agreement

Partnership: _____

Partnerships: Partnership Agreement
Operating Agreement

LLC: _____

LLCs: Articles of Incorporation
Operating Agreement

Real Person:

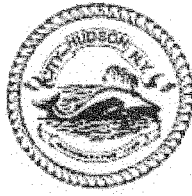
Property Manager/Emergency Contact: (This person must be reachable twenty-four (24) hours a day, without exception.)

Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number(s): _____

County of Residence: _____ Relationship to Owner: _____



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Lien Holders (Attach additional pages if necessary)

Lien Holder 1

Name: _____

City/State/Zip: _____

Phone Number: _____

E-mail: _____

Lien Holder 2

Name: _____

City/State/Zip: _____

Phone Number: _____

E-mail: _____

Insurance Information

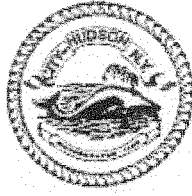
Name of Insurance Co. _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Name of Insurance Agent: _____

Amount of Coverage: _____

Vacant Building Plan (Must be accompanied by color photographs of all four exterior walls.)



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Vacant Building Registration Form

Application & Processing Fee

The owner or applicant must submit an application and processing fee of _____ (See attached fee schedule) at the time the application for Vacant Building Registration Form is complete. If the fee is not submitted, the application will be rejected. Payment of the fee must be made by check or money order, and should be made payable to City of Hudson.

For official use only

Received by: _____ Date: _____
Check: _____ Check # _____ Money Order: _____ Amount: _____

I state under oath that by signing below, all the aforementioned statements in this Application are true, and I understand that according to New York Law it is perjury to make false statements to a municipality.

Please Note-New York State Penal Law 210.45: It is a Class A Misdemeanor for a person to knowingly offer a false instrument for filing, knowing that a written instrument contains a false statement or false information, and representing said instrument to a public office or public servant with the knowledge or belief that it will be filed with, registered or recorded in or otherwise become part of the records of such public office or public servant.

This Application Must Be Notarized

Print Name: _____ Signature: _____

Relationship of Signatory to Owner: _____ Date: ____/____/____

Subscribed and sworn to before me this

_____ day of _____, 200_____

Notary Public