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 Four:
Year Two: Year Five:
Year Three:
Department of Code Enforcement

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

Vacant Building Registration Form

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: ___________________________
Department of Code Enforcement

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

Vacant Building Registration Form

Lien Holders (Attach additional pages if necessary)

<table>
<thead>
<tr>
<th>Lien Holder 1</th>
<th>Lien Holder 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>City/State/Zip:</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>E-mail:</td>
<td>E-mail:</td>
</tr>
</tbody>
</table>

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.)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Department of Code Enforcement

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

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