



VACANT PROPERTY REGISTRATION – WAIVER APPLICATION

PROPERTY LOCATION: _____

DATE PROPERTY BECAME VACANT: _____

PROPERTY INFORMATION

OWNER NAME:		
OWNER STREET ADDRESS:		
OWNER CITY:	STATE:	ZIP:
OWNER PHONE:	OWNER CELL PHONE:	
OWNER EMAIL ADDRESS:		
AGENT RESIDING IN BLAIR COUNTY - <u>REQUIRED</u> IF OWNER RESIDES OUTSIDE OF BLAIR COUNTY:		
AGENT NAME:		
AGENT ADDRESS:		
AGENT CITY:	STATE:	ZIP:
AGENT PHONE:	AGENT CELL PHONE:	
AGENT EMAIL ADDRESS:		

REQUEST FOR WAIVER OF VACANT REGISTRATION FEE

One-Time Waiver:

1. Demonstrates with satisfactory proof that the owner is in the process of demolition, rehabilitation, or other substantial repair of the vacant building; and
2. Objectively demonstrates the anticipated length of time for the demolition, rehabilitation, or other substantial repair of the vacant building; or
3. Provides satisfactory proof that the owner was actively attempting to sell or lease the property during the vacancy period.
 - 1. and 2. Must provide copies of active permits, contracts, receipts, photographs, etc. showing work is actively being conducted at the property, and also complete Remedial Work Schedule showing what work is being completed and the timeframe for completion. Property will need to be inspected to verify work being conducted.
 - 3. Must provide proof of listing: MLS or Zillow document, proof that property is actively for sale or for rent

Two-Year Waiver:

1. May be granted if owner meets the criteria for nonprofit organizations as defined by Section 501(c)(3) of the Internal Revenue Code
 - Must provide legal documents showing approved nonprofit status

CITY USE ONLY

- | | |
|--|--|
| <input type="checkbox"/> Documentation Received | <input type="checkbox"/> Inspection completed to verify work |
| <input type="checkbox"/> Date Inspection Completed: _____ | <input type="checkbox"/> Inspection completed by: _____ |
| <input type="checkbox"/> Waiver Approved, Date and Comments: _____ | |
| <input type="checkbox"/> Waiver Denied, Date and Comments: _____ | |

Code Official Signature: _____ Date: _____