MAYOR Rick Hauser

TRUSTEES
Dariel A. Draper
Jacquie Billings
Arlene Lapiana
Ernie Lawrence



ADMINISTRATOR/ TREASURER Samantha Marcy

VILLAGE CLERK/
DEPUTY TREASURER
Christina Slusser

VACANT BUILDING REGISTRATION GUIDELINES AND APPLICATION

L.L. NO. 3-2021: View Law: https://ecode360.com/PE2218/laws/LF1386695.pdf

SECTION II. DEFINITIONS

F. VACANT BUILDING - A building, or 50% of a building, which is any one or more of the below: 1. Unoccupied and unsecured; 2. Unoccupied and secured by other than normal means. 3. Unoccupied and is unsafe as determined by the Code Enforcement Office. 4. Unoccupied and for which the Code Officer has issued an order to correct 2 or more code violations or has authorized the remediation of 2 or more violations in a twelve month period. 5. Illegally occupied; or 6. Unoccupied for a period of time over 30 days.

Please complete and return one (1) form for EACH property with proper fee within ninety (90) days of property becoming vacant. An incomplete form will NOT be accepted

Phone: (585) 237-2216 46 North Main Street, Perry, New York 14530 TDD: 1 (800) 662-1220

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VILLAGE OF PERRY

TYPE OF APPLICATION

| () Original Regi | stration | | | |
|---|--|--|--|--|
| () Update of Application Previously Submitted (must be within 30 days of change) Date of Application Change:/ | | | | |
| () Renewal Reg | istration Date of Original Registration:// | | | |
| PROPERTY TYPE | :: () Commercial () Residential () Multi-Purpose () Other | | | |
| REHABILITATION PLAN () Yes () No | | | | |
| MAIL FEE TO: | Attn: Vacant Property Village Clerk 46 N. Main St. Perry, NY 14530 | | | |

| Property Type | Year 1 | Year 2 | Year 3 | Each Subsequent Year |
|---|--------|---|---|---|
| All Buildings with an Approved Rehabilitation Plan | \$0 | If no extension is granted, then the maximum fee for the relevant property type will be charged each subsequent year. | If no extension is granted, then the maximum fee for the relevant property type will be charged each subsequent year. | If no extension is granted, then the maximum fee for the relevant property type will be charged each subsequent year. |
| 1-3 Unit Residential | \$250 | \$500 | \$750 | \$1,000 |
| 4+ Residential Unit and All Commercial Property | \$500 | \$1,000 | \$1,500 | \$2,000 |

PROPERTY DESCRIPTION

| Most Recent Use of Building/Purpose: |
|--|
| Building Address (Include Building Number) |
| Date of Vacancy:/ |
| Estimated length of time building will be vacant (month/years):/ |
| Sq. Footage of Building No. of Stories above ground level Below |
| Age of Building: |

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OWNERSHIP INFORMATION

| Owner Name(s) | | |
|---|-------------------|------|
| Is this Owner: | | |
| Mailing Address (Number, Street, | City, State, Zip) | |
| Telephone Number Alternate Tele | ephone Number () | / () |
| Email Address | @ | com |
| LIEN HOLDER INFORMATION | | |
| Name of Lien Holder | | |
| Contact Name Phone Number (|)/ () | |
| Street Address City State Zip: Type: | | |
| () Lien Holder | | |
| () Other Financial Interest – Specif | fy | |
| Property Manager / Emergency Co | ontact | |
| Name of Property Manager | | |
| Street Address City State Zip | | |
| Telephone/Secondary Telephone/ | /Fax _)/() | |
| Email Address | @ | com |
| | | |

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

VILLAGE OF PERRY

VACANT BUILDING PLAN Name of Maintenance Company: _____ Permits Obtained: () Yes () No Projected Start Date ____/____ Projected Completion Date____/____ Contact Person: ______Phone Number: _____ General description of property utilization after rehabbed: () Lease () Sell () Own () Other_____ Specific Use (i.e. beauty salon, 1- unit rental, etc.)_____ Describe in Detail the Rehabilitation Plan for Property (Add separate sheet if necessary):

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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 | // | - | | | | | | |
| **Fee Must Accompany Registration** | | | | | | | | | | |
| *FOR OFFICE USE ONLY* Please allow 10 days for your application to be processed | | | | | | | | | | |
| This Permit # | is hereby | Approved, | Disapproved | | | | | | | |
| Zoning Enforcement Officer: | | | | | | | | | | |
| Date of approval: | (or) Date of denial: | | | | | | | | | |
| Reason: | | | | | | | | | | |
| | | | | | | | | | | |

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