

MAYOR
Rick Hauser

TRUSTEES
Dariel A. Draper
Arlene Lapiana
Joel Bouchard
Richard J. Muolo, Jr.



**ADMINISTRATOR/
TREASURER**
Samantha Marcy

**VILLAGE CLERK/
DEPUTY TREASURER**
Christina Slusser

VILLAGE OF PERRY

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.

****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

This institution is an equal opportunity provider and employer.

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

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 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

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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: _____

OWNERSHIP INFORMATION

Owner Name(s) _____

Is this Owner:

Mailing Address (Number, Street, City, State, Zip)

Telephone Number Alternate Telephone Number (____) _____ - _____ / (____) _____ - _____

Email Address _____ @ _____ .com

LIEN HOLDER INFORMATION

Name of Lien Holder

Contact Name Phone Number (____) _____ - _____ / (____) _____ - _____

Street Address City State Zip: _____

Type:

() Lien Holder

Phone: (585) 237-2216

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() Other Financial Interest – Specify _____

Name of Property Manager _____

Street Address City State Zip _____

Telephone/Secondary Telephone/Fax

(____)_____-_____/ (____)_____-_____/ (____)_____-_____

Email Address _____@_____.com

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 business days for your application to be processed

This Permit # _____ is hereby _____ Approved, _____ Disapproved

Zoning Enforcement Officer: _____

Date of approval: _____ (or) Date of denial: _____

Expiration Date: _____

Reason: _____

Phone: (585) 237-2216

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