City of Mechanicville Building and Code Enforcement Department

City Hall 36 North Main Street Mechanicville, New York 12118 Kyle Woodard Building/Code Enforcement Officer Phone (518) 664-9884 Ext. 330 Fax: (518) 664-5362

VACANT BUILDING REGISTRATION FORM

*Please complete and return (1) form per property with proper fee within thirty (30) days- Must be typed or legibly printed

FEE SCHEDULE: \$500-1st Year - \$1000-2nd Year- \$1500-3rd Year & There after.

Incomplete form will NOT be accepted

TYPE OF APPLICATION	
() Original Registration	
() Update of Application Previousl Date of Application Change:	y Submitted (must be within 30 days of change)
() Renewal Registration Date of Original Registration	n:/
PROPERTY DESCRIPTION	
Building Address (Include Building N	Number)
Section, Block and Lot No.	
Date of Vacancy	Estimated length of time building will be vacant (month/year)
Sq. Footage of Building	No. of Stories above ground level Below
PROPERTY SYSTEMS	
Stand Pipe System () Yes () No [O Fire Detection System () Yes () No Elevator () Yes () No [Operational Status: () Abandoned	erational () Yes () No / Current Insp. () Yes () No] perational () Yes () No / Current Insp. () Yes () No] o [Operational () Yes () No / Current Insp. () Yes () No] () Yes () No / Current Insp. () Yes () No] () Distressed () Secure () Open and Accessible: f Water () On () Off Gas () On () Off

Owner Name			
Is this Owner a	 () Limited Partnership (ir () Limited Liability Companies and addresses (() Trust EIN: 	Certificate of Corporation) nclude Certificate of Limited Partne pany (include Articles of Organizat of all members on a separate and at	tion and list tached sheet)
Owner Tax ID Nur	mber (if applicable)		
			Mailing Address
(Number, Street, C	ity, State, Zip		
()		()	
Telephone Number		Alternate Telephone Numb	oer
Email Address			
LEIN HOLDER I	NFORMATION (If more tha	n one lien holder, attach additional	sheets)
Name of Lien Holo			
Trumo of Bion Hore			
Contact Name		Phone Number	
Street Address	City	State	Zip
Type: () Lien Ho	lder () Other F	inancial Interest – Specify	
PROPERTY MAI	NAGER / EMERGENCY CO	NTACT	
- INOTERIT WITH	ALIGENT ENTEROLIVET CO	7(IIICI	
Name of Property	Manager		
Street Address	City	State	Zip
()		()	
Telephone Number		Alternate Telephone Numb	per

OWNERSHIP INFORMATION (If more than one owner, attach additional sheets)

VACANT BUILDING PLAN (Must be accompanied by color photographs of all four exterior walls, as well as a Site Diagram, to include at a minimum, the following; building height, total sq. footage, openings secure, fire sprinkler impaired, combustibles removed.)

VACANT BUILDING PLAN – The owners shall submit a vacant building plan which must meet the approval of the Code Enforcement Officer. The plan at a minimum, must contain from one of the following three choices for the property:

- (a) If the building is to be demolished, a demolition plan indicating the proposed time frames for demolition.
- (b) If the building is to remain vacant, a plan for securing the building as directed by Code Administration, if applicable, along with the procedures that will be used to maintain the property in accordance with current building and property maintenance codes as outlined in the International Code and NY supplement.
- (c) Any repairs, improvements or alterations to the property must comply with and applicable zoning, housing, historic preservation, design review or building codes and must be secured as directed by Code Administration.

Name of Maintenance Company:	
Contact Person:	
Telephone:	Emergency Number:
Describe in Detail the Maintenance Plan fo	r Property (Add saparate sheet if necessary)

Describe in Detail the Maintenance Plan for Property (Add separate sheet if necessary)