

APPLICATION FOR REGISTRATION
OF ABANDONED / VACANT PROPERTY

PROPERTY ADDRESS: _____

APPLICANT NAME: _____

APPLICANT ADDRESS:
(NO P.O. BOX ALLOWED) _____

APPLICANT PHONE #: _____

APPLICANT EMAIL: _____

OWNER NAME: _____

OWNER ADDRESS:
(IF DIFFERENT ABOVE) _____

OWNER PHONE #: _____

LOCAL CONTACT NAME: _____

CONTACT ADDRESS: _____

CONTACT PHONE #: _____

CONTACT EMAIL: _____

APPLICATION FEES (PURSUANT TO ORDINANCE 16-04)

_____ VACANT LESS THAN ONE (1) YEAR: \$250.00

_____ VACANT FOR ONE (1) YEAR: \$500.00

_____ VACANT FOR TWO (2) YEARS: \$1,000.00

_____ VACANT FOR (3) TO (4) YEARS: \$2,000.00

_____ VACANT FOR (5) TO (9) YEARS: \$3,500.00

_____ VACANT (10) YEARS OR MORE: \$5,000.00

I hereby certify that I am the Owner of the above-named property, or that I have the authorization by the Owner to make application as the authorized agent. I agree to conform to the City of Jeannette Ordinance(s) relating to this registration.

SIGNATURE

DATE