DEPARTMENT OF FIRE/RESCUE SERVICES
43 S. Duke Street, York, PA 17401
Phone: 717/854-3921 Fax: 717/843-0464
Email: pmcdowel@yorkcity.org

CITY OF YORK, PENNSYLVANIA
www.yorkcity.org

VACANT PROPERTY REGISTRATION STATEMENT

ADDRESS _____

SFD ☐ **MFD** ☐ **Commercial/Industrial** ☐

OWNER

*Owners who do not live in Pennsylvania **MUST** list local agent*

NAME _____
ADDRESS STREET _____
CITY _____ COUNTY _____
STATE _____ ZIP CODE _____
PHONE (____) _____
DRIVER'S LICENSE NO. _____ STATE ____ EXPIRE DATE _____

LOCAL AGENT

NAME _____
ADDRESS STREET _____
CITY _____ COUNTY _____
STATE _____ ZIP CODE _____
PHONE (____) _____

INSURANCE INFORMATION

COMPANY NAME _____
POLICY NUMBER _____ AMOUNT OF COVERAGE $_____
EXPIRATION DATE _____

EMERGENCY INFORMATION (LIST 2)

Please supply us with information of emergency contacts for this property for after normal business hours.

Name _____ Phone No. (____) _____
Name _____ Phone No. (____) _____

How long has the property been vacant? _____
How long do you expect the property to remain vacant? _____

In accordance with Article 1729 of the Codified Ordinances, there is a registration fee of $65.00 plus an inspection fee of $130.00 (includes one re-inspection). The cost of any subsequent re-inspections is $65.00 per inspection.

FEES: Registration/Inspection Fees Due With This Application $195.00
(includes one re-inspection)

MAKE CHECK PAYABLE TO "CITY OF YORK"

OWNERSHIP INFORMATION

If owner is a corporation, Statement must be accompanied by copy of most recent relevant filing with PA Dept. of State.

Please check the appropriate box and provide the information requested below:

☐ **If the Owner is a Corporation**, provide name and residence address of all officers and directors.

☐ **If the Owner is an Estate**, provide name and business address of the executor of the estate.

☐ **If the Owner is a Trust**, provide name and address of all trustees, grantors and beneficiaries of the estate.

☐ **If the Owner is a Partnership**, provide name and residence address of all partners with a 10% interest or greater.

☐ **If the Owner is any other form of Unincorporated Association**, provide name and residence address of all principals with a 10% interest or greater.

☐ **If the Owner is a Individual**, provide name and residence address of the owner.

NAME _____
ADDRESS/CITY/STATE/ZIP _____
PHONE NUMBER (____) _____

NAME _____
ADDRESS/CITY/STATE/ZIP _____
PHONE NUMBER (____) _____

NAME _____
ADDRESS/CITY/STATE/ZIP _____
PHONE NUMBER (____) _____

NAME _____
ADDRESS/CITY/STATE/ZIP _____
PHONE NUMBER (____) _____

NAME _____
ADDRESS/CITY/STATE/ZIP _____
PHONE NUMBER (____) _____

(*use additional sheet of paper if necessary)*

I am hereby registering the above vacant property. I understand in no instance shall the registration of a vacant building and the payment of registration fees be construed to exonerate the owner, agent, or responsible party from responsibility for compliance with any applicable codes.

I understand that before the property can be occupied, it must be inspected and meet the requirements of the Property Maintenance Code of the City of York and all other Codified Ordinances of the City of York.

Applicant's Signature: _____ Date: _____

NOTARIZATION

Subscribed and sworn before me Month_____ Day_____ Year_____

Signature of person administering oath _____

Seal: