



VILLAGE OF BROCKPORT

127 Main Street, Brockport, NY 14420
Tel: (585) 637-5300 Fax: (585) 637-1045
Web Site: www.brockportny.org

Vacant Building Registration Form

Chapter 18-A.4

Filing Requirement: This registration form must be submitted to the Code Enforcement Officer (CEO) no later than 30 days after a building becomes vacant or 30 days after being notified by the CEO.

Section 1: Property Description

Street Address: _____

Total Square Footage: _____

Number of Stories: _____

Approximate Age of Building: _____

Most Recent Use: _____ (e.g., Single-Family Residence, Retail, Office, etc.)

Date of Last Occupancy/Use: _____ (Approximate date building became vacant)

Section 2: Owner Information *(A Post Office Box is NOT acceptable for any required physical address.)*

Owner 1

Name(s): _____

Physical Address: _____

Telephone Number: _____ Email: _____

Owner 2 (If applicable)

Name(s): _____

Physical Address: _____

Telephone Number: _____ Email: _____

If Owner is a Corporation, LLC, or Partnership: Provide the full names and physical addresses for all Directors, Managers, or Partners on a separate, attached sheet labeled "Exhibit A."



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Section 3: Local Manager/Agent & Lienholders

Local Property Manager/Agent (*Required if no property owner physically resides within 50 miles of the Village.*)

Name(s) of Local Manager/Agent: _____

Physical Address (No PO Box): _____

Telephone Number: _____ Email: _____

Other Interested Parties

Provide the full name and **physical address** of all known lienholders and all other parties with an ownership interest in the building.

Lienholder/Party Name: _____

Address: _____

Lienholder/Party Name: _____

Address: _____

(Attach additional pages if necessary)

Section 4: Vacant Building Plan Proposal

The owner must select **ONE** of the following three proposals for the property and provide the required details.

Building is to be DEMOLISHED

Demolition Plan: A demolition plan is attached

Proposed Time Frame for Demolition: _____

Building is to REMAIN VACANT

Statement of Reason(s) for Vacancy (Provide details below):



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Security & Maintenance Plan: A plan detailing how the building will be secured and the procedure to maintain the property is attached.

Building is to be RETURNED TO OCCUPANCY/USE

Rehabilitation Plans: Complete rehabilitation plans must be submitted to the CEO.

Time Frame: I understand the plan shall not exceed **365 days** from submission, unless an extension is granted.

Benchmarks: I will include progress benchmarks at **3-month intervals**.

Compliance: I certify that all repairs will comply with applicable zoning, housing, historic preservation, and building codes.

Rehabilitation Plans and Benchmark Schedule are attached.

Section 5: Owner Certification

I certify that the information provided in this registration is true and accurate. I acknowledge the requirement to:

- Notify the CEO of any changes in this information within **30 days**.
- Keep the building secured and properly maintained.
- Notify the CEO of any transfer of ownership within **15 days** of the transfer.

Owner/Authorized Agent Signature: _____

Printed Name: _____

Date: _____

Vacant Property Registration Fees

YEAR	AMOUNT
Year 1	\$ 500.00
Year 2	\$1,000.00
Year 3	\$1,500.00
Year 4	\$2,000.00
Year 5	\$2,500.00

***NO FEE - Property w/ ZERO property maintenance issues as approved by the AHJ, and prompt registration.**