

# VILLAGE OF STILLWATER

TRUSTEES:

John Basile  
Timothy Campbell  
Dorothy DeMarco  
Judith Wood-Zeno

INCORPORATED 1816

1 SCHOOL STREET  
PO BOX 507  
STILLWATER, NY 12170  
(518) 664-6258 FAX 664-2166  
Judith Wood-Shaw, MAYOR

ATTORNEY  
Dreyer Boyajian LLP  
James R Peluso

CLERK/TREASURER  
Sheristin Tedesco

## VACANT PROPERTY REGISTRY APPLICATION

(Please complete and return ONE form per property within twenty (20) days – Must be typed or legibly printed.)

### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration Fee attached: \$\_\_\_\_\_ (see fee schedule, page \*\*)

### PROPERTY INFORMATION

Property Address: \_\_\_\_\_

Tax Map ID: \_\_\_\_\_ Year Built \_\_\_\_\_

Property Type: Residential \_\_\_\_ Commerical \_\_\_\_ Mixed Use \_\_\_\_

Total # Units: Residential \_\_\_\_ Commerical \_\_\_\_

Square Ft: Residential \_\_\_\_\_ Commercial/Other: \_\_\_\_\_

Most recent use of the building: \_\_\_\_\_

Date of Vacancy: \_\_\_\_\_

Estimated length of time building will be vacant (months/years) \_\_\_\_\_

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## OWNERSHIP INFORMATION

Owner of Record's Name: \_\_\_\_\_

Please check the appropriate entity of the owner:

Corporation: \_\_\_ LLC: \_\_\_ Partnership: \_\_\_ Individual: \_\_\_ Other: \_\_\_

\*\*Corporate entities must attach a copy of current New York State Department of State Division of Corporations Entity Information or other entity status documentation.

Owner's Physical Address (no P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Addresss (if different): \_\_\_\_\_

\_\_\_\_\_

Name of Owner's Principal: \_\_\_\_\_

Title (President, Managing Member, Sole Proprietor): \_\_\_\_\_

Principal's Address (no P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Addresss (if different): \_\_\_\_\_

\_\_\_\_\_

County of Residence: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

\*\* You must attach a copy of the owner/principal's license or government issued photo ID.

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## CURRENT STATUS OF BUILDING

**Status:**  Abandoned  Distressed  Secure  Open and Accessible

**Fire Detection System:** Y N Operational Y N Current Inspection Y N

**Sprinkler System:** Y N Operational Y N Current Inspection Y N

**Stand Pipe System :** Y N Operational Y N Current Inspection Y N

**Elevator:** Y N Operational Y N Current Inspection Y N

**Utilities:** Electricity On Off Water On Off Gas On Off

Description of hazardous materials, uses or conditions that currently exist or previously existed (list all that apply):

## VACANT BUILDING PLAN

Within the next 12 months I intend to:

\_\_\_\_ A. Rehabilitate and Reoccupy

\_\_\_\_ B. Stabilize and Maintain

\_\_\_\_ C. Demolish the subject property

If B is chosen, property must be maintained according to code, with particular attention paid to exterior violations and keeping the building weather tight and secure.

Explain, in detail, how this plan is to be carried out (continue on additional sheets):

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## LOCAL OWNER OR AGENT RESPONSIBLE FOR PROPERTY MAINTENANCE

Name: \_\_\_\_\_

Physical Address (no P.O. Boxes): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

County of Residence: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

\*\*A phone number must be reachable at all times, during business and non-business hours

Relationship to owner: \_\_\_\_\_ Are you a Property Manager? \_\_\_\_\_

## LIEN HOLDERS

(attach additional pages if necessary)

### Lienholder 1

Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Lienholder 2

Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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Email Address: \_\_\_\_\_

## INSURANCE POLICY (attach certificates of insurance)

### Insurance Company 1

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Insurance Company 2

Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## VERIFICATION

I, \_\_\_\_\_, ensure that all information provided herein is accurate and complete and agree to maintain their property in compliance with the New York State Uniform Fire Prevention and Building Code and the Village of Stillwater Vacant Building Law, with particular emphasis on the exterior maintenance and security requirements contained in said codes, and consistent with the Vacant Building Plan submitted with this application.

I understand that violations of the NYS Uniform Fire Prevention and Building Code and/or the Village of Stillwater Vacant Building Law will result in the accrual of fines and prosecution of offenses pursuant to said codes.

I state under oath that by signing below all of the aforementioned statements in this application are true and accurate, and understand that pursuant to New York State Penal Law §210.45 it is a Class A Misdemeanor to make a false written statement.

## THIS APPLICATION MUST BE NOTARIZED

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship of Signatory to Owner: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

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## INSTRUCTIONS FOR COMPLETING THE VACANT PROPERTY REGISTRY APPLICATION

Please refer to the Village of Stillwater Vacant Building Law for all applicable requirements. These instructions are intended to answer commonly asked questions.

### 1) Registration Fees

The registration fee is as follows:

### 2) Contact Information

Include the physical addresses, mailing address, copy of driver's license or government ID, email and telephone numbers for all owners, principals and agents. A Post Office Box is not an acceptable address – a physical address must be provided.

### 3) Contact Phone

You must provide a phone number that can be reached during business and non-business hours.

### 4) Lienholders

Provide the name, address, and phone number of all lien-holders and others with an ownership interest in the property.

### 5) Insurance

You must submit proof of insurance showing liability coverage for the property in an amount to exceed \$150,000.

### 6) Vacant Building Plan

The owner shall submit a vacant building plan which must meet the approval of the Enforcement Officer. The plan, at a minimum, must contain information from one of the following three choices:

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## **PLAN A: Rehabilitate and Reoccupy**

If the building is to be returned to appropriate occupancy or use, rehabilitation plan for the property. The rehabilitation plan shall not exceed 365 days from the date of submission and will include bench marks at least every 90 days, unless the Code Enforcement Officer grants an extension for good cause shown, upon receipt of a written statement from the owner detailing the reasons for the extension. Any repairs, improvements or alterations to the property must comply with any applicable zoning, housing or building codes and must be secured in accordance with the maintenance standards set forth in the Village of Stillwater Vacant Building Law, if applicable, during the rehabilitation. If no building permit has been applied for within the one-year period, the owner will be notified of noncompliance and may be prosecuted for penalties pursuant to applicable law.

## **PLAN B: Stabilize and Maintain**

If the building is to remain vacant, a plan for securing the building in accordance with the Village of Stillwater Vacant Building Law must be submitted. This must include the procedure that will be used to monitor and maintain the building in accordance with said law, and a statement of the reasons why the building is to remain vacant. If the building is not secured and maintained as provided, the owner will be notified of noncompliance and may be prosecuted for penalties pursuant to applicable law.

## **PLAN C: Demolish**

If the building is to be demolished, a demolition plan indicating the proposed time frame for demolition, including timeline to obtain the necessary permits. If no demolition permit has been applied for within such period, the owner will be notified of noncompliance and may be prosecuted for penalties pursuant to applicable law.