



# Vacant Building Registration Statement

## City of Berlin



Please complete one application for each vacant building on the tax parcel.

For details on this code see Berlin Code of Ordinances **14-142**. Non-exempt owners have 30 days from the date the building becomes vacant to file this form. The cost to register is FREE for the initial filing and the 6-month period. If after six months the building continues to remain vacant, a follow-up inspection will be made and if vacant, a fee will be charged. Each subsequent 6-month period of vacancy will trigger an inspection and fee. Owner is responsible for all exterior and interior as well as lot maintenance. Failure to properly maintain the vacant building could result in increased renewal fees.

Building Address \_\_\_\_\_  
Tax Parcel \_\_\_\_\_ Building Name (If any) \_\_\_\_\_  
Date Building went vacant \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date Building Ownership Transferred to this owner if in the past year \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date Water Utility Disconnection \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Power Utility Disconnection \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Brief Description of Future Plans for Building \_\_\_\_\_  
Security Measures in Place \_\_\_\_\_

### Owner Contact Information:

Owner's Name \_\_\_\_\_  
Doing Business As (If applicable) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Day /Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address (optional) \_\_\_\_\_

### Property Manager or Agent information

(If the same as the owner above check this box ☐ and go to next section.)

Complete this section to provide the most readily available means to contact a responsible party regarding this property. Person to provide access to interior of building and/or units for inspection.

Manager or Agent's Name \_\_\_\_\_ Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Day /Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address (optional) \_\_\_\_\_

### AFFIDAVIT

I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Owner or Authorized Agent Date Signed

\_\_\_\_\_  
Printed Name of Person Signing

\_\_\_\_\_  
Cell Number Work Number

Send this form to: City of Berlin, 108 N. Capron St., Berlin, WI 54923. For help regarding the completion of this form call **Planning & Development Director 920-361-5156** or visit us on the web at: **www.cityofberlin.net**

OFFICE USE ONLY: Date Application Received \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Construction: \_\_\_\_\_ City of Berlin 10-01-21