



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) _____

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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 **Community Development Director 920-361-5156** or visit us on the web at: **www.cityofberlin.net**

OFFICE USE ONLY: Date Application Received ____/____/_____
Type of Construction: _____