



# City of Amsterdam

61 Church Street  
Amsterdam, NY 12010  
Phone: (518) 841-4316



Anthony Agresta  
*Fire Chief*

Michael A. Clark, P.E.  
*City Engineer*

## VACANT BUILDING REGISTRATION FORM

*(Please complete and return one form PER PROPERTY)*

### TYPE OF APPLICATION

- Original Registration      Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Update of Application Previously Submitted (must be within 30 days of change)  
Date of Application Change: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Renewal Registration  
Date of Original Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Office Use Only

Date Rec'd: \_\_\_\_\_

Rec'd By: \_\_\_\_\_

Fee: \_\_\_\_\_

Reg. Exp: \_\_\_\_\_

### PROPERTY INFORMATION

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

Tax Identification Number/ S.B.L. \_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_

Square Footage: \_\_\_\_\_      Number of Stories: \_\_\_\_\_      Approx Age of Building: \_\_\_\_\_

Most Recent Use:  Residential     Mixed (Commercial/Residential)    No. of Dwelling/Office Units: \_\_\_\_\_

Property Status:  Vacant---Date of Vacancy: \_\_\_\_\_     For Sale     Storage

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

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

### OWNER INFORMATION

Name of Owner (s): \_\_\_\_\_      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical Address: \_\_\_\_\_  
*(PO Boxes are NOT acceptable)*

Mailing Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_      (Cell) \_\_\_\_\_

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

Photo ID:     Driver's License:     Other: \_\_\_\_\_      Photo Copied:

**AGENT INFORMATION**

*If you do not occupy the registered property and reside outside of Montgomery County, you must designate a managing agent who resides in Montgomery County, to accept service of notices and legal process.*

*Owner is local and is the acting agent (if yes, proceed to page 3)*

Name of Agent: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical Address: \_\_\_\_\_  
*(PO Boxes are NOT acceptable)*

Mailing Address: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Photo ID:  Driver's License:  Other: \_\_\_\_\_ Photo Copied

**AGENT VERIFICATION**

**INITIAL**

Acknowledges position as property agent for property located at \_\_\_\_\_

Acknowledges required response within 24 hours of notification from city officials

Failure to respond may result in removal from the agent list and any rentals in violation

Preferred method of contact:  Phone  E-mail  Other \_\_\_\_\_

**NON-COUNTY RESIDENT OWNERS**

*I certify and agree that I am a non-resident property owner in the City of Amsterdam and designate the agent herein named to serve as the agent of record, for the purpose of managing the property identified herein. I authorize and consent to service of all notices, warnings, communications and legal processes upon the designated agent. The undersigned agent accepts this designation and agrees to serve as the owner's agent for all purposes required by the Code of the City of Amsterdam and the State of New York.*

Owner: \_\_\_\_\_  
*(Signature)*

Agent: \_\_\_\_\_  
*(Signature)*

**INSURANCE INFORMATION**

Is property insured for property damage and fire loss?  Yes  No

Name of Insurance Company: \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Agent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please provide a copy of your current year insurance declarations/cover page Attached

**VACANT BUILDING PLAN**

Demolition  Continued Vacancy  Rehabilitation

Plan details: (a registered rehabilitation plan will not exceed 365 days and should include progress benchmarks for at least every 4 months) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

*The undersigned owner(s) certifies, under penalty of perjury, that the above information is true and correct. Any falsification may result in the denial or revocation of the certificate of registration for a vacant building.*

*The undersigned also agrees to grant access and consent to inspections of the property by the City of Amsterdam and/or the Amsterdam Fire Department in order to verify conditions of the premises, verify benchmarks established by the plan submitted, and verify vacancy or non vacancy.*

Owner 1 Signature : \_\_\_\_\_

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

Owner 2 Signature : \_\_\_\_\_

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