

Vacant or Uninhabitable Structure Registration Form

Phone: (304) 782-1318 Fax: (304) 782-4229

229 West Main Street, Salem, WV

Date Filed:	Registration Type (circle):	New	Renewal
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Property & Structure Information

Address:	Tax Map & Parcel ID:
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Status (circle all that are true):	Vacant	Open	Secure	Exterior maintained	Abandoned
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Utilities (check one):

Electricity:	On <input type="checkbox"/> Off <input type="checkbox"/>	Date of termination:
Water:	On <input type="checkbox"/> Off <input type="checkbox"/>	Date of termination:
Gas:	On <input type="checkbox"/> Off <input type="checkbox"/>	Date of termination:

Owner(s) Information

(P.O. Boxes are not acceptable.) Attach additional sheets if necessary.

If the Property is owned by:

- An individual person, please provide the name and residence of the individual person.
- An estate, please provide the name and business address of the executor.
- A trust, please provide the name and address of all trustees, grantors, and beneficiaries.
- A partnership, please provide the names and residence address of all partners with an interest of 10% or greater.
- A corporation, please provide the names and residence addresses of all officers and directors of the corporation and attach a copy of the most recent financial tax report filed with the WV Secretary of State.
- Any other form of unincorporated association, please provide the names and residence addresses of all principals with an interest of 10% or greater.
- Otherwise, see definition of owner listed for instances of mortgagee, vendee-in-possession, assignee of rents, etc.

If the status of this information changes, it is the responsibility of the owner to contact this office in writing advising of those changes within 30 days.

Name:
Address:
Phone Number:

If Owner is not a resident of West Virginia, please provide a designated local property agent.

Name:
Address:
Phone Number:

Signature

Fees are determined by the number of years vacant, regardless of varying ownership.

Fee Schedule

< 1 year = \$0
1 year = \$500
2 years = \$1000
3 years = \$2,000
4 years = \$3,000
5 years = \$4,000
5 years + = \$4,000 + \$300 per year.

STATE OF WEST VIRGINIA, COUNTY OF HARRISON:

I, _____, a notary public in and for said state, do hereby certify that _____ whose name is signed to the writing above, has this day acknowledged the same before me. Given under my hand this _____ day of _____, _____. My commission expires: _____

Notary Seal

Notary Public