



Code Enforcement Department
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Vacant Building Registration Form

Date Filed: _____

Registration Type: (circle) **New** **Renewal**

BUILDING INFORMATION:

Address: _____ Tax Map & Parcel # _____

Status: (circle all that apply) **Vacant** **Open** **Secure** **Exterior Maintained** **Abandoned**

Utilities: (circle) **Electricity: On Off** **Water: On Off** **Gas: On Off**

Date Terminated Date Terminated Date Terminated

OWNER INFORMATION: (PO Boxes are **NOT** acceptable)

Property is owned by:

- _____ An **Individual** person; provide the name and residential address of that person
- _____ An **Estate**; provide the name and residential address of the Executor
- _____ A **Trust**; provide the name and residential address of ALL trustees, grantors, and beneficiaries
- _____ A **Partnership**; the names and residential addresses of all partners with 10% or greater interest
- _____ A **Corporation**; provide the names and residential addresses of all officers and directors of the Corporation and attach a copy of the most recent franchise tax report filed with the Secretary of State
- _____ Any other form of **Unincorporated Association**; provide the names and residential addresses of all Principals with a 10% or greater interest

If none of these, see definition of **Owner** in the City of Fairmont Planning and Zoning Code (Page 41).

OWNER'S NAME: (OR LOCAL DESIGNATED PROPERTY AGENT)

OWNER'S RESIDENTIAL ADDRESS: _____

PHONE NUMBER (S): _____

SIGNATURE: _____

(DATE)

VBR Registration #: _____

(Assigned by the City of Fairmont Chief Building Code Official)