



## **INSTRUCTIONS FOR FILLING OUT THE VACANT BUILDING PERMIT APPLICATION FORM**

This application form and the ordinance can be found at <http://www.stalbansvt.com> , click Fire Department.

- The vacant building property owner to whom all correspondence is to go must be listed as the “primary owner”.
- Vacant building property owners **must** provide their actual residential address, **not** just a post office box number. If the mailing address of the owner is different from the actual residential address, please provide both.
- Vacant building property owners must provide their name, address, phone numbers, e-mail, date of birth and state their military status (active or not). This is required for all owners.
  - If the property is owned by a corporation, partnership or LLC, provide the official name, principal business address, phone numbers, e-mail, date of incorporation and military status of the president of the corporation and general partners. Also provide the name of the registered corporate or partnership agent and address, phone number, e-mail and military status of the agent.
- **If the owner’s official residence is not in Franklin County**, nor does the owner reside in Franklin County, there **MUST** be a designated person listed as the Local Property Manager, Service of Process and Emergency Contact. Use the principal business address of a corporation, LLC or partnership entity to determine residence. This is the person/entity to whom official papers and notifications will be mailed, and could be designated as a representative for inspections of the property.
- The date of birth and military status are required for the person designated as “service of process” contact.
- The Request for Trespass Notice is part of the application and must be completed so that it can be filed with the City of St. Albans Police Department.

# VACANT BUILDING PERMIT APPLICATION

Date \_\_\_\_\_

Instructions: Please complete in ink. The completed application must be signed and submitted to our office.

## I. Identification

Building Address: \_\_\_\_\_

Owner(s) Name(s) : \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_ (e mail) \_\_\_\_\_

Date of Birth/Incorporation: \_\_\_\_ Military Service (check one): Active \_\_ Inactive \_\_ N/A

**Primary Owner:** \_\_\_\_\_

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

Phone (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_ (e mail) \_\_\_\_\_

Date of Birth: \_\_\_\_ Military Service Status (check one): Active \_\_ Inactive \_\_ N/A \_\_

Registered Agent for Service of Process: \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_ (e mail) \_\_\_\_\_

Date of Birth: \_\_\_\_ Military Service Status (check one): Active \_\_ Inactive \_\_ N/A \_\_

**Contractor/Property Manager:** \_\_\_\_\_

Street Address/City/State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_ (e mail) \_\_\_\_\_

Date of Birth: \_\_\_\_ Military Service Status (check one): Active \_\_ Inactive \_\_ N/A \_\_

**Emergency (LOCAL) Contact Person:** \_\_\_\_\_

Street Address/City/State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_ (e mail) \_\_\_\_\_

Date of Birth: \_\_\_\_ Military Service Status (check one): Active \_\_ Inactive \_\_ N/A \_\_

## II. Main Use of Building (i.e., Single-family home, office, residential, parking, restaurant, etc.)

Most recent use: \_\_\_\_\_

No. of dwelling units: \_\_\_\_\_

Proposed use: \_\_\_\_\_

No. of dwelling units: \_\_\_\_\_

## III. Maintenance

Date of vacancy: \_\_\_\_\_

Approximate end date of vacancy: \_\_\_\_\_

Plan & timeline for lawful occupancy, rehabilitation, removal or demolition (attach additional sheets if needed):

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Initial & Continuing Obligations – Please state if you have taken the following actions:

- 1.) Removed all combustible waste and refuse from the structure (Y/N) \_\_\_\_\_
- 2.) Removed all waste, rubbish, debris or excessive vegetation from the yards surrounding the building or structure (Y/N) \_\_\_\_\_
- 3.) Locked, barricaded or secured all doors, windows or other openings (Y/N) \_\_\_\_\_
- 4.) Complied with any safety orders issued in the time required (Y/N) \_\_\_\_\_
- 5.) Maintenance Plan – Vacant buildings and structures must meet vacant building maintenance standards.

This plan is to assure the Enforcement Office that the continuing obligations and the vacant building maintenance standards will be met throughout the duration of the vacancy. Please indicate how you intend to comply with the ordinance throughout the next twelve (12) months of vacancy.

- a.) Basic Obligations: HOW will you ensure that all combustible waste and refuse in the structure and all waste, rubbish, debris or excessive vegetation the yards surrounding the building or structure are immediately removed; all doors, windows or other openings are continuously locked, barricaded or secured; all vacant building orders are in compliance with in the time required?

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b.) Building Openings: HOW will you ensure that doors, windows, areaways and other openings are weather-tight and secured against entry by birds, vermin, and trespassers and free from graffiti? (Note: missing or broken doors, windows, and other such openings must be covered by glass or other rigid materials):

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c.) Roofs: HOW will you ensure that the roof and flashings are sound and tight, not admit moisture or have defects that might admit moisture, rain or roof drainage, and allow for drainage?

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d.) Drainage: HOW will you ensure that the storm drainage system is functional, is installed in an approved manner, and allows discharge in an approved manner?

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e.) Building Structure: HOW will you ensure that the building is maintained in good repair, structurally sound and free from debris, rubbish, and garbage? The building must be sanitary. It must not pose a threat to public health and safety.

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f.) Structural Members: HOW will you ensure that the structural members are free of deterioration and capable of safely bearing imposed dead and live loads?

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g.) Foundation Walls: HOW will you ensure that the foundation walls are maintained, are structurally sound and in a sanitary condition? The foundation must be free from cracks, breaks, leaks and graffiti. The foundation must be capable of supporting necessary loads and must be animal and rodent-proof.

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h.) Exterior Walls: HOW will you ensure that the exterior walls are free of graffiti, holes, breaks, and loose or rotting materials? Exposed metal, wood, or other surfaces must be protected from the elements and against decay, corrosion or rust.

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i.) Decorative Features: HOW will you ensure that all decorative features are free from graffiti, kept in good repair and maintained in a safe and anchored condition? Exposed metal, wood, or other surfaces must be protected from the elements and against decay, corrosion or rust.

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j.) Overhanging Extensions: HOW will you ensure that all balconies, canopies, marquees, signs, metal awnings, stairways, fire escapes, standpipes, exhaust ducts and similar features are free

from graffiti, kept in good repair and maintained in a safe, anchored condition? Exposed metal, wood, or other surfaces must be protected from the elements and against decay, corrosion or rust.

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k.) Chimneys and Towers: HOW will you ensure that chimneys, cooling towers, smokestacks, and similar appurtenances are free from graffiti, maintained structurally safe and in good repair? Exposed metal, wood, or other surfaces must be protected from the elements and against decay, corrosion or rust.

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l.) Walkways: HOW will you ensure that walkways are maintained safe for pedestrian travel?

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m.) Accessory and Appurtenant Structures: HOW will you ensure that accessory and appurtenant structures such as garages, sheds, and fences are maintained free from safety, health, and fire hazards and comply with all applicable vacant building maintenance standards?

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n.) Premises: HOW will you ensure that the premises upon which the structure or building is located are kept clean, safe, and sanitary? The premises must be kept free from waste, rubbish, debris, and excessive vegetation.

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o.) Authorized Persons - Please list all persons authorized to be present on the premises below and on the attached Trespass Notice. In addition, please sign the attached Trespass Notice, authorizing the arrest for trespass of individuals not on the list (attach additional sheets if necessary):

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\*Note: Completion and submission of the attached notice of trespass form is required.

## IV. Fee

Please attach \$110.00 fee with the application. If you are granted a waiver, \$100 will be returned. Sufficient evidence must be provided. Incomplete requests will not be considered.

### FEE WAIVER INFORMATION:

Pursuant to § 11(b) of the PUBLIC HEALTH & SAFETY ORDINANCE, \$100 of this fee is waived upon a showing that:

1) the building is being actively marketed for sale or lease and is being maintained pursuant to maintenance standards and other obligations of the ordinance (This waiver is limited to 2 permit periods (24 months.) or

(2) the property owner has secured all duly required state and local demolition permits. (This waiver is limited to a period within 90 days of securing of the demolition permits.)

#### A. Marketing for Sale or Lease & Maintenance

This waiver requires that you maintain the structure or building according to the standards and obligations of the ordinance and provide the information related to marketing for sale or lease. Please submit the following:

- Documentary proof of continuous marketing for the sale or lease of the building or structure.
- Documentary proof that the building or structure is publicly available and viewable for sale or lease to prospective buyers or lessees until it is under contract
- Documentary proof of the asking price for the property

#### B. Demolition

This waiver requires you to have secured all the required state and local permits to demolish the building or structure. Demolition must occur within 90 days of securing the permits; this waiver is void and the full permit fee is owed if the demolition does not occur within this time. A request for an extension of the 90 day demolition requirement must be submitted in writing; the request must demonstrate that the extension is needed for good cause. Please provide a copy of each demolition permit or provide the following information: the permitting authority (i.e. building), permit number, date issued, expiration date, and all conditions for each demolition permit you have secured.

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## VI. Applicant Signature

Please sign the certification below:

I/We, \_\_\_\_\_, do hereby swear and certify that the information provided in this application is true and accurate to the best of my knowledge.

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Owner/Agent Signature Date

# **Request for Trespass Notice And List of Authorized Property Users For Vacant Building Property**

PROPERTY ADDRESS: \_\_\_\_\_

OWNER(S): \_\_\_\_\_

PHONE: \_\_\_\_\_

## AUTHORIZED USERS:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I request the City of St. Albans Police Department to serve a Notice Against Trespass and make arrest as necessary for any person not on the above list for the subject property. I also request that a Notice Against Trespass be served to the following persons, to remain in effect until

\_\_\_\_\_  
(date)

1. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

2. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

3. Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Issued by (Owner or Agent Duly Authorized):

\_\_\_\_\_  
Owner/Agent Printed Name

\_\_\_\_\_  
Owner/Agent Signature Date

\_\_\_\_\_  
Witness Date

Owner/Agent: Please submit this form to the City of St. Albans Fire Marshal's Office. This form will be delivered to the City of St. Albans Police Department upon receipt. A copy will be kept on file in the Fire Marshal's Office.