

**DEPARTMENT OF FIRE/RESCUE SERVICES**

43 S. Duke Street, York, PA 17401  
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Email: pmcdowel@yorkcity.org

**CITY OF YORK, PENNSYLVANIA**

[www.yorkcity.org](http://www.yorkcity.org)

**VACANT PROPERTY REGISTRATION STATEMENT**

**ADDRESS** \_\_\_\_\_

**SFD**  **MFD**  **Commercial/Industrial**

**OWNER**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

*Owners who do not live in Pennsylvania **MUST***

*list local agent*

PHONE (\_\_\_\_) \_\_\_\_\_  
DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRE DATE \_\_\_\_\_

**LOCAL AGENT**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_

**INSURANCE INFORMATION**

COMPANY NAME \_\_\_\_\_  
POLICY NUMBER \_\_\_\_\_ AMOUNT OF COVERAGE \$ \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_

**EMERGENCY INFORMATION (LIST 2)**

Please supply us with information of emergency contacts for this property for after normal business hours.

Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
Name \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

How long has the property been vacant? \_\_\_\_\_  
How long do you expect the property to remain vacant? \_\_\_\_\_

**In accordance with Article 1729 of the Codified Ordinances, there is a registration fee of \$65.00 plus an inspection fee of \$130.00 (includes one re-inspection). The cost of any subsequent re-inspections is \$65.00 per inspection.**

**FEES:** Registration/Inspection Fees Due With This Application \$195.00  
(includes one re-inspection)

**MAKE CHECK PAYABLE TO "CITY OF YORK"**

**OWNERSHIP INFORMATION**

*If owner is a corporation, Statement must be accompanied by copy of most recent relevant filing with PA Dept. of State.*

**Please check the appropriate box and provide the information requested below:**

- If the Owner is a Corporation**, provide name and residence address of all officers and directors.
- If the Owner is an Estate**, provide name and business address of the executor of the estate.
- If the Owner is a Trust**, provide name and address of all trustees, grantors and beneficiaries of the estate.
- If the Owner is a Partnership**, provide name and residence address of all partners with a 10% interest or greater.
- If the Owner is any other form of Unincorporated Association**, provide name and residence address of all principals with a 10% interest or greater.
- If the Owner is a Individual**, provide name and residence address of the owner.

**NAME** \_\_\_\_\_  
**ADDRESS/CITY/STATE/ZIP** \_\_\_\_\_  
**PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_

**NAME** \_\_\_\_\_  
**ADDRESS/CITY/STATE/ZIP** \_\_\_\_\_  
**PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_

**NAME** \_\_\_\_\_  
**ADDRESS/CITY/STATE/ZIP** \_\_\_\_\_  
**PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_

**NAME** \_\_\_\_\_  
**ADDRESS/CITY/STATE/ZIP** \_\_\_\_\_  
**PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_

**NAME** \_\_\_\_\_  
**ADDRESS/CITY/STATE/ZIP** \_\_\_\_\_  
**PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_

*(use additional sheet of paper if necessary)*

I am hereby registering the above vacant property. I understand in no instance shall the registration of a vacant building and the payment of registration fees be construed to exonerate the owner, agent, or responsible party from responsibility for compliance with any applicable codes.

I understand that before the property can be occupied, it must be inspected and meet the requirements of the Property Maintenance Code of the City of York and all other Codified Ordinances of the City of York.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARIZATION**

Subscribed and sworn before me    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Signature of person administering oath \_\_\_\_\_

Seal: