



CITY OF OSWEGO
Office of Code Enforcement
13 W Oneida St, City Hall
Oswego, NY 13126
315-342-8265

Permit #: _____

VACANT BUILDING REGISTRATION

OWNER(S) INFORMATION

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
E-mail: _____

PROPERTY MANAGER / EMERGENCY CONTACT

Name: _____
Address: _____
City/St/Zip: _____
Phone: _____
E-mail: _____

PROPERTY INFORMATION

Address: _____
City/St/Zip: _____
Tax Map #: _____ Zoning District: _____
Description of Premises: _____

INSURANCE INFORMATION

Does property have fire insurance? Yes No (if no, please explain)

Insurance Company: _____
Policy Number: _____

BANK / LIEN HOLDER INFORMATION

Bank Name: _____
Contact: _____
Address: _____
City/St/Zip: _____
Phone: _____
Email: _____

VACANCY PLAN

Please describe your plan for the property:

The owner of a vacant building shall pay a fee as set forth below:

FEE SCHEDULE

Year 1: \$250.00 Paid no later than 30 days after building becomes vacant. Owner is subject to a fine if fee is not paid within 30 days of becoming due. If a plan is extended beyond 365 days, subsequent annual fees shall be paid as follows:

Year 2: \$1,000.00

Year 3: \$2,000.00

Year 4: \$3,000.00

Year 5: \$4,000.00

Please include your annual fee with the completed Vacant Building Registration form.

Make check payable to: CITY OF OSWEGO

Mail registration form and payment to: City of Oswego Code Enforcement, 13 W Oneida St., 3rd Floor, Oswego, NY 13126

DECLARATION: I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION (INCLUDING INFORMATION ON THE ACCOMPANYING DOCUMENTS AND PLANS) HAVE BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF ARE TRUE AND CORRECT.

PERMIT APPLICANT: _____ DATED: _____
(Circle one: Property Owner / Manager / Contractor)

APPROVED: _____ DATED: _____
Code Enforcement Officer / Permit Administrator