

TOWN OF BENNINGTON

VACANT BUILDING REGISTRATION FORM

Office Use Only:

Date Received: _____

Tax Map #: _____

Referred to Planning Board: _____

Fee: _____

Cash/Check #: _____

Town Clerk Initials: _____

Property Owner: _____

Property Physical Address: _____

Date of Vacancy: _____ Is The Property Secured (circle one): Yes No

Reason for Vacancy (circle one): Seasonal Home Unsafe/Does Not Meet Code Estate Owned

Sale/Rental Other (describe): _____

Proposal to Remedy Vacancy: _____

Timeframe Necessary to Remedy Vacancy (circle one): < 1 month 1-3 months 3-6 months

6-9 months 9-12 months > 1 year Other(describe): _____

Contractor, Property Management or Real Estate Agent Information (if applicable): _____

By signing and submitting this form, the property owner attests to the accuracy of the information provided and will adhere to all proposals and timeframes to remedy the vacancy of the property listed above.

Property Owner Signature: _____

Property Owner Mailing Address: _____

Property Owner Phone Number: _____

Do Not Write Below This Line – Zoning Officer Use Only

Rehabilitation Plan Approved: _____ Notes: _____

Zoning Officer Signature: _____