



OSWEGO CODE ENFORCEMENT DEPARTMENT

WILLIAM J. BARLOW, JR. MAYOR

SUSAN GENTILE DEARY, CODE ENFORCEMENT DIRECTOR - (315) 342-342-8156

JIM BELL, PERMIT ADMINISTRATOR - (315) 342-8155

RON TESORIERO, PLUMBING INSPECTOR - (315) 342-1259

CITY HALL - THIRD FLOOR

13 WEST ONEIDA STREET

OSWEGO, NY 13126

CODE FAX: (315) 342-1320

WWW.OSWEGONY.ORG

CITY OF OSWEGO – VACANT BUILDING REGISTRATION FORM

PROPERTY INFORMATION

Address: _____ City/St/Zip: _____

Tax Map #: _____ Zoning District: _____

Description of Premises: _____

OWNER(s) INFORMATION

Name: _____ Address: _____

City/St/Zip: _____

Phone: _____ E-mail: _____

Name: _____ Address: _____

City/St/Zip: _____

Phone: _____ E-mail: _____

PROPERTY MANAGER / EMERGENCY CONTACT

Name: _____ Address: _____

City/St/Zip: _____

Phone: _____ After Hours Phone: _____

INSURANCE INFORMATION

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

Insurance Company: _____ Policy Number: _____

VACANCY PLAN

Please describe your plan for the property: _____

BANK / LIEN HOLDER INFORMATION

Bank Name: _____ Contact: _____

Address: _____ City/St/Zip: _____

Phone: _____ E-mail: _____

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: \$500.00**
- Year 3: \$1,000.00**
- Year 4: \$1,500.00**
- Year 5: \$2,000.00**

Please include your first-year annual fee of \$250.00 with the completed Vacant Building Registration Form.

Make check payable to: OSWEGO CITY CHAMBERLAIN
13 West Oneida Street
Oswego, NY 13126

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this form.

Signature of Applicant

Date

Signature of Spouse *(only if for a joint membership)*

Date