APPLICATION FOR VACANT STRUCTURES REGISTRATION FORM
REFERANCE TO ORDIANCE NO. 1709-27-A-D

BUSINESS OR RESIDENTIAL INFORMATION:

Legal Business or Corporate Name: ___________________________________________________________

DBA, Division or Subsidiary of: _____________________________________________________________

Owner’s Name (if sole owner): ____________________________________________________________

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
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Address (Street or PO Box): ______________________________________________________________

City, State, and Zip Code: ___________________________________________________________________________

MAILING ADDRESS (if different from above):

Address: ______________________________________________________________

City, State, and Zip Code: __________________________________________________________________________

Contact Person (Name and phone number): ____________________________________________________________

Corporation, Partnership, Individual, or Other

FEIN (This is your Federal (IRS) Employer Identification Number) ___________________________

West Virginia Identification Number ___________________________

List all vacant property with city limits:

Physical Location Address Date Vacant

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

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____________________________________________________________________________________________

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____________________________________________________________________________________________
Full Name of Individual Owners, Partners, or Officers

Name

Address

____________________________________
__________________________________________________

____________________________________
__________________________________________________

____________________________________
________________________________________________

Signature: _______________________________  Title: ___________________  Date: ____________

NOTE: The Registration Fee shall be (listed below) per year for a maximum term of one year beginning on July 1st and ending June 30th of the succeeding year.

➢ No fee for properties that are vacant for less than one year
➢ $200 for properties that are vacant for at least one year but less than two years
➢ $400 for properties that are vacant for at least two years but less than three years.
➢ $600 for properties that are vacant for at least three years but less than four years
➢ $800 for properties that are vacant for at least four years but less than five years.
➢ $1600 for properties that are vacant for at least five years, plus an additional $300 for each year in excess of five years.

Attach Check or Money Order Payable to The City of Philippi and mail to:

City of Philippi
344 S Main Street
PO Box 460
Philippi, WV 26416
(304) 457-3700

OFFICE USE ONLY

Received by Mail on ____________________  Date Filed: _________________

Check No. ________________
Money Order ________________

Received in Office on ________________
Cash ________________
Check No. ________________

Amount Received ________________  Cashier’s Initial ________________  Date: ________