

Registration No.	
Date Filed	

## APPLICATION FOR VACANT STRUCTURES REGISTRATION FORM

REFERANCE TO ORDIANCE NO. 1709-27-A-D

BUSINESS OR RESIDENTIAL	INFORMATION:		
Legal Business or Corporate Nam	e:		 
DBA, Division or Subsidiary of: _			
Owner's Name (if sole owner):			
Address (Street or PO Box):			
City, State, and Zip Code:			
MAILING ADDRESS (if differer			
Address:			
City, State, and Zip Code:			 
Contact Person (Name and phone	number):		
Corporation, Partnership, Individu			
FEIN (This is your Federa	l (IRS) Employer Ide	ntification Number) _	
West Virginia Identification	on Number	_	
List all vacant property with city l			
Physical Location Address			Date Vacant

Full Name of Individual Owners, Partners, or Officers		
Name  Name		<u>Address</u>
Signature:	Title:	Date:
<ul> <li>and ending June 30<sup>th</sup> of the succeeding year.</li> <li>No fee for properties that are vacant for</li> <li>\$200 for properties that are vacant for</li> <li>\$400 for properties that a vacant for at</li> <li>\$600 for properties that are vacant for</li> <li>\$800 for properties that are vacant for</li> <li>\$1600 for properties that are vacant for</li> <li>\$1600 for properties that are vacant for</li> </ul>	at least one year but less least two years but less t at least three years but les at least four years but les	han three years. ss than four years st than five years.
344 P Philip	Payable to The City of Phary of Philippi S Main Street O Box 460 Opi, WV 26416 O4) 457-3700	ilippi and mail to:
Received by Mail on Check No Money Order		Date Filed:
Received in Office on Cash Check No		
Amount Received	Cashier's Initial	Date: