

Registration form for "Vacant Buildings"

City of Berlin Fire Department

Phone (603) 752-3135

Fax: (603) 752-8583

City of Berlin Ordinance Sec-111

Registration No. Vac0000

A "Vacant Building Registration" is required if you own a vacant structure in the City of Berlin.

ALL REQUESTED INFORMATION MUST BE PROVIDED IN ORDER TO PROCESS THIS REGISTRATION.

IF REGERISTERING A VACANT BUSINESS FILLOUT THE BUSINESS SECTION:

BUSINESS NAME: _____

OFFICE ADDRESS: _____

OFFICE PHONE #: _____ CONTACT NAME: _____ PHONE # _____

APPLICANT'S TITLE: _____

IF REGERISTERING A VACANT ONE OR TWO FAMILY OR MULTI-FAMILY BUILDING FILL IN THE SECTION BELOW:

OWNER NAME: _____

OWNER ADDRESS: _____

VACANT BUILDING ADDRESS: _____

HOME PHONE #: _____ PHONE # _____

PLEASE LIST ALL OF YOUR AUTHORIZED BUILDING REPRESENTIVES THAT MAY BE RESSPONSIBLE IN CASE OF AN EMERGENCY:

NAME _____ PHONE # _____

NAME _____ PHONE # _____

NAME _____ PHONE # _____

NAME _____ PHONE # _____

****PLEASE ATTACH A COPY OF ALL CERTIFICATIONS FROM THE COMPANIES YOU REPRESENT****

I certify that I have read this application and declare under penalty of perjury that the information contained herein is correct and complete. I agree to comply with all city ordinances, adopted codes, and state laws relating to the installation, modification, service and maintenance of new and existing life safety systems. I hereby authorize representatives of this city to inspect any work for compliance purposes. I am either the contractor responsible for the work, or I represent the owner as signified above and I am acting with the owner's/ contractor's full knowledge or consent.

Print name of applicant

Applicant's signature

Date

Registration valid for Six (6) Months from Date of Approval

DO NOT WRITE IN THIS SPACE- OFFICAL USE ONLY

RECEIPT # _____ Registration APPROVED **Y / N** DATE _____

Vacant Building Registration # Vac000 EXPIRES ON _____

CITY REPRESENTATIVE _____ TITLE _____

Permit Status:

☐ Entered

☐ Collected

☐ Billed

☐ Fees Paid

☐ To be filed