Vacant Structure Registration Form

All vacant structures must register with the City of Salem Planning & Zoning Department in accordance with the Vacant Structure Registration Ordinance No. 161220-70 Chapter 1187 of the Salem Codified Ordinance. Disaster affected properties; structures actively under construction/renovation with an active zoning permit; structures listed for sale with a licensed realtor or broker; structures with a publicly visible “for sale/lease/rent” sign posted on the structure with an accessible contact number are exempt from paying a registration fee for twelve (12) months.

To qualify for exemption, the owner shall submit a request for exemption in writing to the Zoning Department. All real estate taxes must be paid for the property and the structure may not be in violation of the IPMC.

Section I: Address/es of Vacant Structure (Required)

Street Address:_________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Section II: Owner Information (Required)

If Individual Owner or Designated Agent, please complete the following:
Owner’s Name:_________________________________________________________________
Owner’s Address:________________________________________________________________
City:_____________________________State:_____________________Zip Code:___________
Designated Agent or Contact Person:______________________________________________
Address:______________________________________________________________________
City:_____________________________State:_____________________Zip Code:___________
Telephone Number:_________________Fax Number:________________________________
E-Mail Address:________________________________________________________________
If Partnership, Corporation, Trust or Other, please complete the following:

Tax ID Number of Partnership or Corporation:________________________________________
Name of Partnership or Corporation:________________________________________________
Contact Person:_____________________Title:_______________________________________
Designated Agent or Contact Person:_______________________________________________
Address:______________________________________________________________________
City:___________________________State:__________________Zip Code:________________
Telephone Number:___________________Fax Number:______________________________
E-Mail Address:________________________________________________________________

Section III: Local Agent/ Property Manager (If owner resides outside Perry Township)

Name:________________________________________________________________________
Address:______________________________________________________________________
City:_________________________State:__________________Zip Code:________________
Telephone Number:_____________________________________________________________
Additional Information:____________________________________________________________________
Section IV: Vacant Structure Plan (Required)

I hereby submit a plan of (Circle One) Demolition / Secure Vacancy/ Rehabilitation:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Section V: Proof of Insurance (Required)

Proof of Insurance (Required) If submitting a plan for demolition, please provide proof that the City of Salem is holding in escrow a bond, equal 2/3rd of the estimated cost of demolition of the structure.

Escrow for Demolition:     Yes_______     No________

Section VI: Fees (Required)

Please make checks payable to the City of Salem. The vacant structure registration payment included with this form pertains to the current year of vacancy and is (Circle One)

Residential:       $200- 1st yr/ $500-2nd yr/ $1000- 3rd yr and after

Commercial:         $200- 1st yr/ $500- 2nd yr/ $1000- 3rd yr and after
I, ____________________________, hereby register the vacant structure listed above and acknowledge that the information above is complete and accurate. I have access to Ordinance 161220-70, Chapter 1187 of the City of Salem and agree to comply with these requirements. In accordance with this ordinance, I agree to notify any future owner of this vacant structure registration.

______________________________________________/_________________________
Applicants Signature                                                            Date