



# HOUSING DEPARTMENT City of Salem

231 S. Broadway Ave.

(330) 332-4241 Ext. 6

Salem, OH 44460

## Vacant Structure Registration Form

**ALL VACANT STRUCTURES MUST BE REGISTERED** annually with the City of Salem Housing Department in accordance with the Vacant Structure Registration Ordinance, described in Chapter 1335 of the Salem Codified Ordinances, with the following exceptions:

Disaster affected properties, structures actively under construction or renovation with an active zoning permit, structures listed for sale with a licensed realtor or broker, and structures with a publicly visible “for sale/lease/rent” sign posted on the structure with an accessible contact phone number may be exempt from paying a **vacant structure registration fee** for up to twelve (12) months.

**To qualify for a fee exemption, the owner shall submit in writing a request for fee exemption to the City of Salem Housing Department. Exemption forms can be obtained by contacting the Salem Housing Department. Also, to qualify for a fee exemption, all taxes must be paid for the vacant property, and the structure may not be in violation of the International Property Maintenance Code (IPMC), Chapter 1337 of the Salem Codified Ordinances.**

Any owner who is served a Notice of Vacant Structure Registration may, within 10 calendar days of the notice, apply for an appeal of the Housing Department’s findings by applying to the Board of Housing Appeals as specified in the Ordinances of the City of Salem, Section 1309.09(c)(1)

### **Section I: Address of Vacant Structure (Required)**

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Section II: Owner or Designated Agent Information (Required)**

**Whether 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: \_\_\_\_\_

**Whether 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 (Required if owner does not reside in Columbiana County or within 25 miles of the City of Salem Ohio)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Additional Information: \_\_\_\_\_  
\_\_\_\_\_

**Section IV: Vacant Structure Plan (Required)**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section V: Proof of Insurance Escrow for Demolition (Required)**

Proof of Insurance is required if you are submitting a plan for demolition. Please provide proof that the City of Salem is holding in escrow a bond which is equal to two-thirds (2/3) of the estimated cost of demolition of the structure.

**City Holding an Escrow Bond for Demolition:**      Yes\_\_\_\_\_      No\_\_\_\_\_

**Section VI: Vacant Structure Annual Monitoring 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- 1<sup>st</sup> yr.      \$500-2<sup>nd</sup> yr.      \$1000- 3<sup>rd</sup> yr. and thereafter

**Commercial:**      \$200- 1<sup>st</sup> yr.      \$500- 2<sup>nd</sup> yr.      \$1000- 3<sup>rd</sup> yr. and thereafter

I, \_\_\_\_\_, hereby register the vacant structure listed above and acknowledge that the information above is complete and accurate. I have access to Chapter 1335 of the City of Salem Codified Ordinances and agree to comply with these requirements.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date