



Economic & Community Development Department

Vacant Building Registration Form

Phone: 304-234-3601 Fax: 304-234-3683 www.WheelingWV.gov

1500 Chapline Street - Room 308 Wheeling, West Virginia 26003

Date Filed: Registration Type (circle): New Renewal

Property & Structure Information

Address: Tax Map & Parcel ID: Status (circle all that are true): Vacant Open Secure Exterior Maintained Abandoned Utilities (circle): electricity: on / off water: on / off gas: on / off Date utility terminated:

Owner(s) Information (P.O. Boxes are not acceptable.) (Attach additional sheets if necessary.)

If the property is owned by:

- an individual person, provide the name and residence of the individual person;
an estate, please provide the name and business address of the executor;
a trust, please provide the name and address of all trustees, grantors, and beneficiaries;
a partnership, the names and residence address of all partners with an interest of 10% or greater;
a corporation, provide the names and residence addresses of all officers and directors of the corporation and attach a copy of the most recent annual franchise tax report filed with the WV Secretary of State;
any other form of unincorporated association, the names and residence addresses of all principals with an interest of 10% or greater.
Otherwise, see definition of owner listed in §1718.03 for instances of mortgagee, vendee-in-possession, assignee of rents, etc.

If the status of this information changes, it is the responsibility of the owner to contact this office in writing advising of those changes within 30 days.

Name: Address: Phone Number: Signature:

If owner is not a resident of West Virginia, please provide a designated local property agent:

Name: Address: Phone Number: Signature:

Fee Schedule
<1 year = \$0
1 year = \$ 500
2 years = \$1,000
3 years = \$2,000
4 years = \$3,500
5 years = \$4,000
5 years+= \$4,000+\$300 per yr.
The fee is determined by the number of years vacant, regardless of varying ownership.
A one time waiver or extension of a waiver may be granted by the City Manager as outlined in §1718.07(2) of city code.

STATE OF WEST VIRGINIA, COUNTY OF OHIO:
I, _____, a notary public in and for said state, do hereby certify that
_____ whose name is signed to the writing above, has this
day acknowledged the same before me. Given under my hand this ___ day of ____, _____.
My Commission expires: _____
Notary Public

