

CITY OF ALEXANDRIA
 DEPARTMENT OF CODE ADMINISTRATION
 301 KING STREET, SUITE 4200
 ALEXANDRIA, VIRGINIA 22314
 (703) 746-4200 FAX (703) 838-3880

VACANT BUILDING REGISTRATION

IMPORTANT - Applicant to complete ALL applicable items

Shaded boxes are FOR OFFICIAL USE ONLY

Permit Number	Building Name	Master Permit				
1. Address of Vacant Building		2. Date Applied				
3. Date Building was Vacated (month/year)	4. Estimated length of time building will be vacant (months/years)					
5. Reason:						
6. Owner's Name: _____ Home Phone: _____ Day/Work Phone: _____ Cell Phone: _____ FAX: _____ Internet Address: _____ Mailing Address: _____						
7. Owner's Agent Information (if different from owner) Name: _____ Day/Work Number: _____ Address: _____ FAX _____						
8. 24 hour Emergency Contact Persons - please list in contact order 1. Name: _____ / Phone(s): _____ 2. Name: _____ / Phone(s): _____ 3. Name: _____ / Phone(s): _____						
9. Please attach a description of the measures that will be taken to maintain the building and premises in compliance with applicable building and health codes. This description must include a schedule for cutting grass; shoveling snow from public walkways; removing trash/litter from the premises; and, ensuring that water doesn't stand/accumulate and become a mosquito breeding area.						
10. Is the building located in a historic district regulated by the Zoning Ordinance? No <input type="checkbox"/> Yes <input type="checkbox"/> - Old & Historic or Parker-Gray						
11. Is the building located in a conservation, rehabilitation district, or blighted area, established by City Council? No <input type="checkbox"/> Yes <input type="checkbox"/>						
** If you answered Yes to Questions 10 and/or 11, please attach an explanation of what measures will be taken to ensure that the building does not suffer structural damage due to neglect. **						
12. Have Utilities to the structure been terminated? Water - No <input type="checkbox"/> Yes <input type="checkbox"/> Electricity - No <input type="checkbox"/> Yes <input type="checkbox"/> Natural Gas - No <input type="checkbox"/> Yes <input type="checkbox"/> N/A <input type="checkbox"/>						
13. Does the structure have a: Fire Suppression System - No <input type="checkbox"/> Yes <input type="checkbox"/> Fire Alarm System - No <input type="checkbox"/> Yes <input type="checkbox"/> Elevator - No <input type="checkbox"/> Yes <input type="checkbox"/>						
14. Please attach a copy of an implemented, on-going rodent abatement and prevention plan for the interior and the exterior of the building. This plan must be maintained for the duration of time that the building is vacant.						
AFFIDAVIT I hereby certify that I have the authority to make the foregoing application and that the application, to the best of my knowledge, is complete and correct and that the permitted construction will conform to the regulations in the Uniform Statewide Building Code and all applicable ordinances. _____ Signature of Owner or Authorized Agent Printed Name of Person Cell# _____ Work Number _____	APPROVALS		PERMIT FEES			
	Receiving Eng Aide		Date Rec'd:		TOTAL \$ 100.00	
	Attachments? Yes No		Date Paid:			
	Assigned FM or FI		Date Rec'd: Inspection Date:			
	VBR Mngr		Date Entered Program:			