

Department of Planning and Development

446 West Crogan Street • Lawrenceville, GA 30046-2440
(tel) 678.518.6000
www.gwinnettcountry.com



gwinnettcountry

DATE: _____

VACANT STRUCTURE REGISTRATION FORM

Property Information:

Property Address: _____

City: _____ State: _____ Zip Code: _____

Tax Parcel Information: (Land District, Land Lot, Parcel): _____

Is this property in foreclosure? Yes No

Owner Information:

Name of Property Owner: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-mail Address: _____

Contact Person: _____

Local Agent Information:

Name of Local Agent: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-mail Address: _____

Contact Person: _____

Other interested parties:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-mail Address: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____ Fax: _____

E-mail Address: _____

Proposed Maintenance Plan

What is length of time you expect the property to remain vacant? _____

Do you have any proposed plan to rehabilitate, improve, and/or maintain the property?

Yes No

If so, please describe your plan below: _____

NOTE: THE PERMIT EXPIRES 12 MONTHS FROM DATE OF ISSUANCE.

NOTE: RENEWAL OF PERMIT TO BE WITHIN THIRTY (30) DAYS OF EXPIRATION.

NOTE: UPON A CHANGE IN OWNERSHIP THE NEW OWNER SHALL APPLY FOR A NEW PERMIT IF THE STRUCTURE IS TO REMAIN VACANT FOR MORE THAN SIXTY (60) DAYS. (If a change in ownership occurs the new owner shall register the vacant structure within 14 days of the structure becoming vacant.)

NOTE: REGISTRATION OF THE STRUCTURE DOES NOT EXEMPT THIS PROPERTY FROM COMPLIANCE WITH ANY OTHER CODES AND ORDINANCES.

Please complete this form and return it to the Gwinnett County Department of Planning and Development along with the attached questionnaire, proposed maintenance plan and a \$100.00 registration fee.

If you should have any questions, please feel free to call 678.518.6000 or contact us via e-mail at pnd@gwinnettcountry.com

Departmental use only

CEU # _____ **BLD#** _____

**VACANT STRUCTURE QUESTIONS FOR,
OWNER, LOCAL AGENT OR OTHER INTERESTED PARTIES**

Instructions: Please answer yes or no to the following questions by putting a check ✓ in the correct box and provide your signature & date at the bottom of this form.

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are the windows intact? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the windows weather-tight? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the windows locked/ secured? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the doors locked/ secured? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a roof on the structure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the roof waterproof? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the structure free of garbage, rubbish and other debris? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the exterior of the structure free of loose or rotten materials and holes? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all balconies, canopies, signs, metal awnings, stairways, fire escapes, or other overhanging extensions in good repair and appropriately anchored? |
| <input type="checkbox"/> | <input type="checkbox"/> | If appropriate has the structure been winterized? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the fence in good repair? (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the fence gate locked? (if applicable) |

Owner, or Local Agent, or Mortgagee Signature: _____

My Signature above verifies information contained herein is true and correct. Date: _____