

CITY OF JOHNSTOWN



Vacant Property Registration Form

Ward No. _____

Date: _____

Residential Property Information:

Property Address: _____

Dwelling Type: Land Single Family Multiple Family: # of units _____ Commercial

Tax Map # (if known): _____

Property Owner Information:

(a) _____
(First name, middle initial, last name)

(b) _____
(First name, middle initial, last name)

(Current Mailing Address)

(Current Mailing Address)

Home Phone: _____

Home Phone: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Chapter 1480, (Ordinance #4987), Vacant Structure: Each property owner (listed above) who is not an owner-occupant, or who does not reside in Cambria County must register/appoint an agent or person(s) responsible for maintenance of the vacant property according to the **Property Maintenance Code – 2003**.

Property Manager (Agent{s}):

(a) _____
(First name, middle initial, last name)

(b) _____
(First name, middle initial, last name)

(Current Mailing Address)

(Current Mailing Address)

Home Phone: _____

Home Phone: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Other Property Information:

1) Have there been any City of Johnstown code violations within the past twelve months? _____ yes _____ no

2) Is this property being actively marketed for sale: _____ yes _____ no

3) Insurance (if Yes): _____ yes _____ no

Insurance Company

Policy Number

Policy Expiration Date

Owner/Agent Signature: _____

Date: _____