



City of Lewisburg Building Maintenance Board

Vacant Building Registration Form

Phone: 304-645-2080 Fax: 304-645-2194

www.lewisburg-wv.org

942 Washington Street, West, Lewisburg, West Virginia 24901

Date Filed:	Registration Type (circle) New Renewal
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Address:	Tax Map & Parcel ID:
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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: _____

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 Article 1121 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=	\$ 200
2 years=	\$400
3 years=	\$600
4 years=	\$800
5 years=	\$1600
5 years+=	\$1600
	+ 300 per year
The fee is determined by the number of years vacant, regardless of varying ownership.	

STATE OF _____, COUNTY OF _____:

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

