



Vincent Pici, P.E., M.P.A.
Commissioner

DEPARTMENT OF HOUSING AND BUILDINGS
87 Nepperhan Avenue, 5th Floor
Yonkers, NY 10701

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VACANT BUILDING REGISTRATION REMOVAL FORM

DATE: _____

REGISTRY NUMBER: _____

DESCRIPTION OF PREMISES: (ATTACH COLOR PHOTOGRAPHS OF FRONT STREET FACING FACADE)

ADDRESS: _____

BLOCK: _____ LOT(S): _____

OWNER INFORMATION:

NAME(S): _____ ADDRESS: _____

CELL PHONE NO.: _____ EMAIL ADDRESS: _____

Application is hereby made to the Department of Housing and Buildings, City of Yonkers, NY for removal of the above referenced property from the Vacant Building Registry. Prior to removal from the registry an inspection of the entire premises is required, and any building code or fire code deficiencies are to be corrected under appropriate permits.

APPLICANT TO INDICATE ONE OF THE FOLLOWING:

- The building has been demolished under a Demolition Permit Number: ... issued on ... (DEMOLITION PERMIT AND CERTIFICATE OF COMPLETION REQUIRED TO BE ATTACHED)
The building has been returned to appropriate occupancy or use, under a Building Permit Number: ... issued on ..., and a Certificate of Occupancy has been issued. (BUILDING PERMIT AND COPY OF CERTIFICATE OF OCCUPANCY TO BE ATTACHED)
The building has been returned to appropriate occupancy or use, NO work was performed.
Utility Status: Electricity () On () Off; Water () On () Off; Gas () On () Off () N/A

Prior to removal from the registry, the owner shall provide access to all interior portions of the building in order to permit a complete inspection.

The undersigned attests to the above information as accurate. Any falsification may result in the denial of the certificate of application to remove the registration for a vacant building.

OWNER (PRINT): _____

OWNER SIGNATURE: _____

IF NOT OWNER, RELATIONSHIP TO PROPERTY: _____

_____ Date ____/____/____

Officer of Corporation, Limited Partnership, Limited Liability

Company or Limited Liability Partnership

Title and Company _____ Date ____/____/____

Agent Signature _____ Date ____/____/____

Title and Company _____ Date ____/____/____

IF NOT OWNER, PLEASE INCLUDE ORIGINAL AND NOTARIZED AUTHORIZATION TO ACT AS AGENT ON BEHALF OF OWNER

<https://www.yonkersny.gov/government/departments/housing-buildings/forms-permits>

OFFICE USE

- PRIOR VACANT BUILDING FEES PAST DUE: \$_____ (Attach Statement of Fees Due)
- ALL PRIOR VACANT BUILDING FEES COLLECTED TO DATE
- ALL VIOLATIONS, COMPLAINTS, OUTSTANDING/OPEN PERMITS CLEARED OR CLOSED