



CITY OF  
**Welland**

# Application for Registration of a Vacant Building

This form is authorized under Section 6.4 of The Vacant Building By-law

<b>A. For use by City of Welland</b>			
Date Received:		Roll Number:	
Application submitted to the Office of the Chief Building Official of the City of Welland			
<b>B. Site/Building Location Information</b>			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Former business or information to describe vacant building			
<b>C. Vacant Building Information</b>			
Number of storeys above ground	Basement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Crawl space <input type="checkbox"/> Yes <input type="checkbox"/> No
Gross floor area above ground excluding basement (square feet)			
<b>Utilities</b>			
Hydro	Shutoff by Utility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shutoff by Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas	Shutoff by Utility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shutoff by Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Water	Shutoff by Utility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shutoff by Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Fire Protection Systems</b>			
Sprinkler System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shutoff by Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Alarm System	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shutoff by Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Hose Cabinets	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shutoff by Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Extinguishers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shutoff by Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	
On-Site Fire Hydrants	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shutoff by Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	
Building is designated under the Ontario Heritage Act?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>D. Vacancy Information</b>			
Vacant since?	Partially vacant building?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, identify part vacant and part in use?			
<b>E. Applicant</b> Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner			
Last name		First name	Corporation or partnership (if applicable)
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
<b>F. Owner (if different from Applicant)</b>			
Last name		First name	Corporation or partnership
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
<b>G. Person or Firm Retained to Manage, Maintain or Secure Building</b>			
Last name		First name	Corporation or partnership (if applicable)
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
<b>H. Declaration of Applicant</b>			
I _____ certify that:			
(print name)			
1. The information contained in this application and other attached documentation is true to the best of my knowledge.			
2. I have authority to bind the corporation or partnership (if applicable).			
_____		_____	
Date		Signature of applicant	

Personal information contained in this form is collected under the authority of Section 6.4 of The Vacant Building By-law and will be used in the administration and enforcement of the Vacant Building By-law and other municipal building regulations. Questions about the collection of personal information may be addressed to the Office of the Chief Building Official of the City of Welland.