



Application for Registration of a Vacant Building

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

A. For use by City of Welland			
Date Received:	Roll Number:		
Application submitted to the Office of the Chief Building Official of the City of Welland			
B. Site/Building Location Information			
Building number, street name		Unit number	Lot/con.
Municipality	Postal code	Plan number/other description	
Former business or information to describe vacant building			
C. Vacant Building Information			
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)			
Utilities			
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
Fire Protection Systems			
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
D. Vacancy Information			
Vacant since?	Partially vacant building?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, identify part vacant and part in use?			
E. Applicant 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
F. Owner (if different from Applicant)			
Last name	First name	Corporation or partnership	
Street address		Unit number	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number
G. Person or Firm Retained to Manage, Maintain or Secure Building			
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
H. Declaration of Applicant			
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.