

Planning and Economic Development Department Licensing and By-Law Services 330 Wentworth Street North Hamilton ON L8L 5W3

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FOR OFFICE USE ONLY FOLDER NUMBER RECEIPT NUMBER DATE PAYMENT TYPE RECEIVED BY

VACANT BUILDING REGISTRY By-law 17-127

THIS FORM MUST BE COMPLETED BY THE OWNER - PLEASE REVIEW THE VACANT BUILDING REGISTRY BY-LAW 17-127 FOR THE DEFINITION OF OWNER

FAILURE TO SUBMIT THE REQUIRED INFORMATION AND PAYMENT BY THE DUE DATE MAY RESULT IN ENFORCEMENT

| PLEASE PRINT CLEARLY | | | | | | | | | |
|---|--|--------------------|------------|---------------|--------------------------------|---|-------|-------|--|
| | STREET ADDRESS | | | | POSTAL CODE | | | | |
| LOCATION OF VACANT PROPERTY | СІТУ | | PROVINCE | | | NUMBER OF DAY VACANT | | | |
| | TAX ROLL NUMBER | | WARD | | | | | | |
| APPLICANT | LAST NAME | | FIRST NAME | | | OWNER | AGENT | OTHER | |
| | STREET ADDRESS | | | NUMBER | | POSTAL CODE | | | |
| | CITY | PROVINCE | | l | EMAIL | | | | |
| | PHONE NUMBER | CELL NUMBE | | R FAX NUMBE | | R | | | |
| OWNER(S) INFORMATION (IF DIFFERENT FROM APPLICANT) | LAST NAME | | FIRST NAME | | CORPORATION PARTNERSHIP | | | | |
| | STREET ADDRESS | | NUMBER | | POSTAL CODE | | | | |
| | CITY | PROVINCE | EMAIL | | ! | | | | |
| | PHONE NUMBER | CELL NUMBE | FAX NUMBE | | :R | | | | |
| METHODS OF PAYMENT AVAILABLE | City of Hamilton - By-law Services 71 Main Street West Hamilton ON L8P 4Y5 | | | | Cheque, Debit Licensing & E | erson: Methods of Payment Accepted: Cash, que, Debit, Credit Card (Mastercard or Visa) nsing & By-Law Services Main St W (City Hall - Main Floor), Hamilton ON, 4Y5 | | | |
| _ | my responsibility to notify the City of | | | g of any chan | ge in informat | ion provided | to | | |
| ensure compliance | with the City of Hamilton Vacant Buil | ding Registry By-L | aw 17-127. | | | | | | |
| I certify that the information contained in this application is true in all respects to the best of my knowledge. | | | | | | | | | |
| Signature of Applicant Date | | | | | | | | | |

