



Mayor Joshua A. Garcia
City of Holyoke

Timothy M. Rivers, Director
Board of Health

VACANT BUILDING REGISTRATION FORM

NOTICE

IF YOU ARE NO LONGER THE OWNER OF THE SUBJECT PROPERTY,
PLEASE RETURN PROOF OF SALE/ DISPOSITION TO
THE BOARD OF HEALTH

FOR OFFICE USE ONLY

PAID _____
AMOUNT _____
CK/CASH _____

Section A – Vacant Property Information

Address of Property: _____

Section B – Property Owner

Name: _____
Address _____ Phone: _____
Address _____ Email: _____
City/State/Zip: _____

☐ Owned by an Individual (Skip to Section D) ☐ Owned by an entity (Continue to Section C)

Section C – Business Entity

Type of Entity ☐ LLC ☐ LLP ☐ Partnership ☐ Corporation ☐ Other

State of Registration _____ Entity ID Number _____

Registered Agent Name _____

Registered Agent Address _____

Section D – Compliance

Does this property confirm to the requirements specified in City Code of Ordinances, Sec. 18-35(3):

- ☐ YES ☐ NO The property complies with 780 CMR 116 et seq. “Standards for making buildings safe and secure.”
- ☐ YES ☐ NO The property is maintained in accordance with the State Sanitary and Building Codes and all applicable local regulation.
- ☐ YES ☐ NO The property has been inspected on a monthly basis for the shorter of the past year or duration of the vacancy.
- ☐ YES ☐ NO The front of the property contains a posting, visible from the street, containing the name and phone number of the property owner or local agent responsible for maintenance.



Section E – Vacant Building Fee

Length of Vacancy (All Properties)

Date of last occupancy or licensed business use _____

☐ <less than a year ☐ 1-2 Years ☐ >2 Years or greater

For Residential Property (1-3 Units):

☐ Property vacant for any duration \$500.00

For Residential Property (4+ Units), Commercial or Other Non-Residential:

Short Term Vacancy- Square Footage (Not Applicable)

☐ Property vacant for less than 1 year \$0.00

☐ Property vacant for 1 – 2 years \$1,500.00

***Long Term Vacancy Property vacant (2+ years without Approved Rehab Plan)**

☐ Tier 1: 3000 Sq Ft or Less \$3,000.00

☐ Tier 2: 3,001-8,000 Sq Ft \$6,000.00

☐ Tier 3: 8,001-14,000 Sq Ft \$8,000.00

☐ Tier 4: 14,001-49,999 Sq ft \$10,000.00

☐ Tier 5: 50,000 Sq Ft or More \$15,000.00

**Square footage must reflect legal property records. All properties will be reviewed by the Board of Health and adjusted to meet city assessors' records.*

Make Check Payable to:

City of Holyoke

Mailing Address

ATTN: Suzanne Beyer

City of Holyoke Board of Health

20 Korean Veterans Plaza, Room 306,

Holyoke, MA 01040

Questions?

(p) 413-322-5595

(f) 413-322-5596

(e) beyers@holyoke.org

(e) beyers@holyoke.org

Section F – Signature

I, _____,

certify under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____