



Mayor Joshua A. Garcia

Sean Gonsalves, Director

City of Holyoke

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 – Property Information

Address _____

Date of last occupancy or licensed business use _____

Section B – Property Owner

Name _____

Address _____

Phone _____ Email _____

Section C – Business Entity

- The property is owned by an individual (If so, skip to Section D)
 The property is owned by a corporation, LLC, LLP or other business entity

Name of Business Entity _____

Type of Entity Partnership Corporation
 LLC LLP Other

State of Registration _____ Entity ID Number _____

Registered Agent Name _____

Registered Agent Address _____



Section D – Fee

I certify that I have enclosed payment in the amount corresponding to the type and length of vacancy of my property, as specified below.

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

- Property vacant for less than 1 year \$0.00
- Property vacant for 1 – 2 years \$1,500.00
- Property vacant for 2+ years \$3,000.00

For Residential Property (1-3 Units):

- Property vacant for any duration \$500.00

Section E – Compliance

Please indicate whether the property conforms to the requirements specified in City Code of Ordinances, Section 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 F – Signature

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

Signature: _____

Date: _____

Mailing Address

ATTN: Beatriz Colon
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) colonb@holyoke.org