### TOWNSHIP OF ABINGTON MONTGOMERY COUNTY, PENNSYLVANIA

### **VACANT PROPERTY REGISTRATION FORM**

#### NON-RESIDENTIAL PROPERTIES ONLY

In accordance with Ordinance 2156 of the Township of Abington, all information requested below must be provided. Please type or print clearly. Only completed forms will be accepted. *Note that this application applies only to nonresidential properties.* Please complete this form and submit it to the Fire & Code Services Department.

I. <u>PROPERTY INFORMA</u>	ΓΙΟΝ:		
Full Address of the property: _			
Tax Parcel Number:			
Date that property was vacated	d: NOTE: PLEASE PROVID	E (ATTACH) DOCUMENTATI	ON.
Total number of buildings on p	oarcel:		
Total number of units on parce	el:		
Square footage of each unit:			
Number of parking spaces ava	ilable per building on pa	rcel:	
II. CONTACT INFORMAT	ION:		
Owner's Information:	·		
	NAME		
	ADDRESS:	NUMBER + STREET	
	CITY	STATE	ZIP
	PHONE: LANDLINE		CELL
	E-MAIL		

If the owner is a corporation, LP, LLC, or some other form of partnership, the names, telephone numbers, mailing addresses, and e-mail addresses must be provided for the Chief Executive Officer, the

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Registered Officer(s), and the Managing Partners of the Corporation. Please provide (attach) that information on a separate page. One of the persons listed must reside within the Commonwealth of Pennsylvania.

Designated Agent's Information	(THIS SHOULD BE THI	E EMERGENCY POINT OF	CONTACT):	
	NAME			
	ADDRESS: NUMBER + STREET			
	CITY	STATE	ZIP	
	PHONE: LANDLINE		CELL	
	E-MAIL			
III. <u>SUBMISSION:</u>				
I hereby attest/swear that the in complete to the best of my know		led on this registration for	rm is accurate and	
The Fire & Code Services Department will contact the applicant to schedule mandatory inspections as per the requirements of Ordinance #2156 of the Township of Abington.				
Principal Owner's Signature:				
Date:				
All checks are required to be ma	de payable to the Town	ship of Abington.		
If mailing a check, pleasemail to:	Abington Township Attn: Fire & Code Ser 1176 Old York Road Abington, PA 19001	vices Department		



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THE FOLLOWING IS FOR INTERNAL USE ONLY:				
Received by:	Date:			
Permit #:	Permit Fee:			
Check #	Receipt #:			