

City of Washington
55 West Maiden Street Washington, PA 15301
Code Officer/724-225-2785
**APPLICATION FOR REGISTRATION OF
ABANDONED/VACANT PROPERTY**

DATE: _____ REGISTRATION NUMBER (official use) _____

PROPERTY ADDRESS: _____

PARCEL NUMBER _____

OWNER NAME: _____

OWNER ADDRESS:* _____

OWNER PHONE: _____

OWNER EMAIL _____

ADDITION CONTACT NAME _____

ADDITIONAL CONTACT ADDRESS:* _____

ADDITIONAL CONTACT PHONE NUMBER: _____

ADDITIONAL CONTACT EMAIL _____

ADDITIONAL CONTACT CONTACT PHONE NUMBER: _____

Check Applicable Use

RESIDENTIAL ____ COMMERCIAL ____ INDUSTRIAL ____

ZONING DISTRICT: _____ DEED RECORDED: _____ DATE: _____

APPLICATION FEE: **\$300.00 Year one and two, \$750 thereafter**

I hereby certify that I am the owner of the above named property, or have the authorization by the owner to make application as the authorized agent and I agree to confirm to the Ordinances relating to the Registration.

Signature of Applicant _____ Date _____

***No P.O. Box Numbers allowed**

Vacant properties lead to crime, blight and are detrimental to the quality of life in a community. Please work quickly to make this property an asset to the City of Washington.

COMPLETE AND MAIL TO THE ABOVE ADDRESS WITH PAYMENT MADE TO CITY OF WASHINGTON.