

Department of Public Safety  
100 Main Street – Room 205  
Huntington, NY 11743-6991



Phone: (631) 351-3009  
Fax: (631) 351-7160

## VACANT BUILDING REGISTRATION FORM

1. **Owner Information** (if the owner or owners is/are not individual, please see number 4.

a. _____ First name, middle initial, last name	b. _____ First name, middle initial, last name
_____ Current mailing address (PO box not acceptable)	_____ Current mailing address (PO box no acceptable)
_____ City, State, Zip Code	_____ City, State, Zip Code
_____ Home Phone Number	_____ Home Phone Number
_____ Cell Phone	_____ Cell Phone
_____ Work Phone	_____ Work Phone
_____ Email Address	_____ Email Address

**If any owner permanently resides outside of the State of New York, they must designate an agent to receive service of process and designate a responsible local party or agent for purposes of notification in the event of an emergency.**

2. **Property Information**

Tax Map Number: **0400-**\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Physical Address of Property: \_\_\_\_\_

Commercial       Residential

Building Vacant:  YES     NO (please select and circle the correct response)

3. **Payment (effective September 14, 2021)**

Check **or** Money Order made payable to the Town of Huntington

**Residential Properties**

1<sup>st</sup> year filing \$250  
2<sup>nd</sup> year filing \$500  
3<sup>rd</sup> year filing \$750  
4<sup>th</sup> year filing \$1,000

**Late Fees**

\$25 late fee each 30 days late

**Commercial Properties**

1<sup>st</sup> year filing \$500  
2<sup>nd</sup> year filing \$1,000  
3<sup>rd</sup> year filing \$1,500  
4<sup>th</sup> year filing \$2,000

**Late Fees**

\$50 late fee each 30 days late

4. **Non-Individual Owner Information**

i. If the owner is a business entity, please provide its legal name, mailing address, and telephone number. Please also provide the names, mailing address, email address, business and residence addresses and telephone numbers of each officer, director, partner with an ownership interest of 10% or greater, and whether member managed or manager managed (if a limited liability company) as well as a copy of the most recent annual franchise tax report filed with the Secretary of State, as applicable.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

ii. If an estate, the name, business, residence and email addresses and telephone number of the executor.

a. \_\_\_\_\_

b. \_\_\_\_\_

iii. If a trust, the name, business, residence and email addresses and telephone number of all trustees and of the grantor if a grantor trust.

a. \_\_\_\_\_

b. \_\_\_\_\_

iv. If an unincorporated association, the name, business, residence and email addresses and telephone number of each officer or their equivalent.

a. \_\_\_\_\_

b. \_\_\_\_\_

5. **Designation of Agent for Service of Process**

Pursuant to Huntington Town Code §160-13(B)(1)

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Owner's Name as Listed in Part 1 or Part 4

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Designated Agent's Name

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Designated Agent's Business and Residence Addresses

***PLEASE NOTE:*** The Designated Agent's Service of Process address ***CANNOT BE A POST OFFICE BOX*** address and ***MUST BE AN ADDRESS WITHIN THE STATE OF NEW YORK***. Please see the residency requirements stated on page 1.

6. **Designation of Responsible Local Party**

Pursuant to Huntington Town Code §160-13(B)(2)

\_\_\_\_\_  
Owner's Name as Listed in Part 1 or Part 4

\_\_\_\_\_  
Designated Party's Name

\_\_\_\_\_  
Designated Party's Business and Residence Addresses

**PLEASE NOTE:** The Designated Responsible Local Party address ***CANNOT BE A POST OFFICE BOX*** address and ***MUST BE AN ADDRESS WITHIN THE STATE OF NEW YORK***. Please see the residency requirements stated on page 1.

7. **Notarized Affidavit**

I do hereby certify that all statements made by me in this Vacant Building Registration are true and correct to the best of my knowledge, information and belief, and further, I understand that in the event that I have knowingly and willfully made any false statements, I will be liable for punishment in accordance with all application laws and statutes.

SIGNATURE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

Acknowledgement if Made within the State of New York

STATE OF \_\_\_\_\_)

SS:

COUNTY OF \_\_\_\_\_)

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_ before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument and that such individual made such an appearance before the undersigned in the (insert city or other political subdivision and the state or country or other place the acknowledgement was taken).

\_\_\_\_\_  
Notary Public