



City of Shinnston Vacant Building Registration Form

Phone: 304-592-2126 Fax: 304-592-1597 www.shinnstonwv.com
40 Main Street, Shinnston WV 26431

Date Filed:	Registration Type (circle):	New	Renewal
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Property & Structure Information

Address:		Tax Map & Parcel ID:			
Status (circle all that are true):	Vacant	Open	Secure	Exterior Maintained	Abandoned
Utilities (circle):	Electricity: on / off	Water: on / off	Gas: on / off		
Date Utility Terminated:	_____	_____	_____		

Owner(s) Information *(P.O. Boxes are not acceptable.)* *(Attach additional sheets if necessary.)*

If the property is owned by:

- an **individual person**, provide the name and residence of the individual person;
- an **estate**, please provide the name and business address of the executor;
- a **trust**, please provide the name and address of the trustees, grantors, and beneficiaries;
- a **partnership**, the names and residence address of the all partners with an interest of 10% or greater;
- a **corporation**, provide the names and residence addresses of all officers and directors of the corporation and attach a copy of the most recent annual franchise tax report filed with the WV Secretary of State;
- any other form of **unincorporated association**, the names and residence addresses of all principals with an interest of 10% or greater.

Name:	
Address:	
Phone Number:	Signature:

In owner is not a resident of West Virginia, please provide a designated local property agent:

Name:	
Address:	
Phone Number:	Signature:

Fee Schedule

<1 year = \$0	3 years = \$600
1 year = \$200	4 years = \$800
2 years = \$400	5 years = \$1600
5 years + = \$300 per year	

Fees are determined by the number of years structure is vacant, regardless of varying ownership. This is in accordance with City of Shinnston Ordinances and is available upon request.

STATE OF WEST VIRGINIA COUNTY OF _____:

I, _____, a notary public in and for said state, do hereby certify that _____ whose name is signed to the writing above, has this day acknowledged the same before me. Given under my hand this _____ day of _____, _____.

My commission expires: _____

Notary Public