**Town of Winslow**

**VACANT BUILDING REGISTRATION PERMIT APPLICATION**

*Vacant building property owners must provide their actual residential address, not just a post office box number. If the owner's official residence is not in Maine, nor does the owner reside in Maine, there MUST be a designated person listed as the Local Property Manager and Emergency Contact.*

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### I. Identification

<table>
<thead>
<tr>
<th>Building Address:</th>
<th>________________________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Map: ___________</td>
<td>Lot: _________  Zoning District: ____________________</td>
</tr>
<tr>
<td>Owner(s) Name(s):</td>
<td>________________________________________________</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>______________________________________________</td>
</tr>
<tr>
<td>Phone (home): _______ (work/cell): ___________ (email): ___________________________________</td>
<td></td>
</tr>
<tr>
<td>Military Service (check one):  _____ Active  _____ Inactive  _____ N/A</td>
<td></td>
</tr>
</tbody>
</table>

**Authorized Agent for Service Process:**  ________________________________________________

| Physical Address/City/State/Zip: | ________________________________________________ |
| Phone (home): ___________ (work/cell): ___________ (email): ___________________________________ |

**Property Manager:**  ________________________________________________

| Address/City/State/Zip: | ________________________________________________ |
| Phone (home): ___________ (work/cell): ___________ (email): ___________________________________ |

**Emergency (LOCAL) Contact Person:**  ________________________________________________

| Address/City/State/Zip: | ________________________________________________ |
| Phone (home): ___________ (work/cell): ___________ (email): ___________________________________ |

**Bank/Lender/Lien Holder:**  ________________________________________________

| Address/City/State/Zip: | ________________________________________________ |
| Phone (home): ___________ (work/cell): ___________ (email): ___________________________________ |

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### II. Main Use of Building *(i.e., Single-family home, multifamily, residential, commercial, etc.)*

| Most recent use: | ________________________________________________ |
| Proposed use: | ________________________________________________ |
| No. of dwelling units: | ________  No. of dwelling units: ________ |

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### III. Statement of Intent

**Date vacancy will start:**  ____________

**Approximate end date of vacancy:**  ____________

**Plan & timeline for lawful occupancy, rehabilitation, removal or demolition (attach additional sheets if needed):**

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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Page 1 of 3
Authorized Persons - Please list all persons authorized to be present on the premises below and on the attached Trespass Notice.* In addition, please sign the attached Trespass Notice, authorizing the arrest for trespass of individuals not on the list (attach additional sheets if necessary):

______________________________________________________________________________________________
______________________________________________________________________________________________
________________________________________________
______________________________________________
______________________________________________________________________________________________
*Note: Completion and submission of the attached notice of trespass form is required.

IV. Fee
Please attach $250.00 fee. Incomplete requests will not be considered.

V. Demolition
The town requires you to have secured all the required state and local permits if you choose to demolish the building or structure. Demolition must occur within 180 days of the building becoming vacant otherwise the full permit fee is owed.

Please provide a copy of each demolition permit or provide the following information: the permitting authority (i.e. building), permit number, date issued, expiration date, and all conditions for each demolition permit you have secured.

________________________________________________________________________________________
________________________________________________________________________________________
_______________________________________________________
________________________________________________________________________________________

VI. Applicant Signature
Please sign the certification below:

I/We, ______________________________, do hereby swear and certify that the information provided in this application is true and accurate to the best of my knowledge.

OWNER/AGENT SIGNATURE

______________________________  ______________________________
Owner/Agent Signature         Date

Signature of Approval

X ______________________________  ______________________________
Adam Bradstreet             Date
CEO Town of Winslow
Request for Trespass Notice
And List of Authorized Property Users
For Vacant Building Property

PROPERTY ADDRESS: _____________________________________

OWNER(S): _____________________________________

ADDRESS: ________________________________________________
_________________________________________________

AUTHORIZED USERS:

1. _____________________________________________________________________________________

2. _____________________________________________________________________________________

3. _____________________________________________________________________________________

I request the Winslow Police Department to serve a Notice Against Trespass and make arrest as necessary for any person not on the above list for the subject property.

Issued by (Owner or Agent Duly Authorized): “No Trespass” signs have been posted Pursuant to:

_________________________________________  Title 17-A (ss 402)  _________ (initials)
Owner/Agent (Please Print)

_________________________________________
Owner/Agent Signature  Date

_________________________________________
Witness  Date

**Owner/Agent:** Please submit this form to the Town of Winslow Code Enforcement Office. This Trespass Notice will be kept on file with the Winslow Police Department and the Winslow Code Enforcement Office.