

City of Washington

55 West Maiden Street
Washington, PA 15301

APPLICATION FOR REGISTRATION OF ABANDONED/VACANT PROPERTY

DATE: _____ REGISTRATION NUMBER: _____

PROPERTY ADDRESS: _____

APPLICANT: _____

ADDRESS*: _____

PHONE: _____

OWNER: _____

OWNER'S ADDRESS*: _____

OWNER'S PHONE NUMBER: _____

CONTACT NAME: _____

CONTACT ADDRESS*: _____

CONTACT PHONE NUMBER: _____

RESIDENTIAL _____ COMMERCIAL _____ INDUSTRIAL _____

ZONING DISTRICT: _____ DEED RECORDED: _____ DATE: _____

APPLICATION FEE: **\$200.00**

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 conform to the Ordinances relating to this Registration.

Signature of Applicant

*No P.O. Box Numbers allowed