City of Augusta
Vacant and Abandoned Building Registration

Vacant building property owners must provide their actual residential address (may not be a post office box). 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.

Return the completed form to:
Vacant Building Registration Program
Development Services Office
City of Augusta
16 Cony Street
Augusta, Maine 04330

I. Identification

Building Address: __________________________________________________________________________

Map: ___________ Lot: ______________

Owner(s) Name(s): _______________________________________________________________________

Mailing Address: _________________________________________________________________________

Phone (home): ________________ (work/cell): ___________ (email): _______________

Authorized Agent: _____________________________________________________________________

Physical Address: _______________________________________________________________________

Phone (home): ________________ (work/cell): ___________ (email): _______________

Property Manager: _____________________________________________________________________

Address/City/State/Zip: ___________________________________________________________________

Phone (home): ________________ (work/cell): ___________ (email): _______________
Local Emergency Contact Person: ______________________________________________________
Address/City/State/Zip: ____________________________________________________________________
Phone (home): ____________________ (work/cell): ____________ (email): ____________________

Bank/Lender/Lien Holder: ____________________________________________________________________
Address/City/State/Zip: ____________________________________________________________________
Phone (home): ____________________ (work/cell): ____________ (email): ____________________

II. Main Use of Building (i.e., Single-family home, office, residential, parking, restaurant, etc.)
Most recent use: ____________________ Proposed use: ____________________
No. of dwelling units: ____________________ No. of dwelling units: ____________________

III. Statement of Intent
Date of vacancy: ____________________ Approximate end date of vacancy: ____________________
Plan & timeline for lawful occupancy, rehabilitation, removal or demolition (attach additional sheets if
needed):

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

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):

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
IV. Fee

Please attach $200 fee for commercial entities – a $100 fee for individuals. A permit is valid for six months from the date of permit approval. Incomplete requests will not be considered.

V. Demolition

If an owner has undertaken the demolition permitting process, no fee will be required.

*The city requires you to have secured all the required state and local permits to demolish the building or structure. Demolition must occur within 90 days of securing the permits; this waiver is void and the full permit fee is owed if the demolition does not occur within this time.*

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      Date

For Internal Use:

______________________________________________ ____ ____________________________
Inspection completed by     Date Issued
Request for Trespass Notice
and
List of Authorized Property Users for Vacant Building Property

PROPERTY: ________________________________

OWNER(S): ______________________________________

AUTHORIZED USERS:

1. ________________________________________

2. ________________________________________

3. ________________________________________

I request the Augusta Police Department to serve a Notice Against Trespass and issue a summons under MRSA Title 17A, Section 402 - Criminal Trespass, or appropriate criminal charges, as necessary for any person not on the above list for the subject property.

Issued by (Owner or Agent Duly Authorized):

__________________________________________________________________

Owner/Agent Printed Name

__________________________________________________________________

Owner/Agent Signature Date

__________________________________________________________________

Witness Date