



Town of Pahrump 2100 E. Walt Williams Drive, Suite 100 Pahrump, NV 89048 Phone: 775.727.5107

PAHRUMP TOWN ORDINANCE #56 REGISTRATION FOR VACANT BUILDINGS

OBLIGATION TO REGISTER VACANT BUILDINGS: Whenever any building in the Town is vacant for more than sixty (60) days or whenever any building in the Town is vacant and such buildings contain one or more of the public nuisances as described in PTO#56, then the owner of such building shall, within ten (10) days of notification, register such building as a vacant building and submit a vacant building plan.

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

PROPERTY OWNER PHONE: _____

LOCAL AGENT OR REPRESENTATIVE: _____

CONTACT INFORMATION OF AGENT: _____

LIST ANY PERSON WITH LEGAL INTEREST IN PROPERTY AND/OR PREMISES. INCLUDE NAME, ADDRESS AND PHONE CONTACT: _____

(If more room is needed to list more contacts, please use other side or attach list.)

ASSESSOR PARCEL NUMBER (APN): _____

PHYSICAL ADDRESS OF PROPERTY/PREMISES: _____

DATE BUILDING/PREMISES BECAME VACANT: _____

INITIAL REGISTRATION RENEWAL

RECEIPT REQUESTED (If a receipt is requested, MUST provide an email address or fax number below. No receipts will be mailed.)

EMAIL ADDRESS _____ FAX NUMBER _____

FOR OFFICE USE ONLY

VACANT BUILDING PLAN ATTACHED: YES NO

FILING FEE \$ _____ Date: _____ Received by: _____ Check #: _____



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TOWN OF PAHRUMP VACANT BUILDING PLAN

Property Address: _____

Assessor's Parcel Number (APN): _____

Current Status of the Building:

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Doors Secured |
| <input type="checkbox"/> | <input type="checkbox"/> | Windows Secured |
| <input type="checkbox"/> | <input type="checkbox"/> | Detached Buildings Secured |
| <input type="checkbox"/> | <input type="checkbox"/> | Trash Removed |
| <input type="checkbox"/> | <input type="checkbox"/> | Yard Maintenance Scheduled |
| <input type="checkbox"/> | <input type="checkbox"/> | Winterization complete |
| <input type="checkbox"/> | <input type="checkbox"/> | Photos Attached (minimum of two photos for four sides of the existing buildings) |

- | | | |
|--------------------------|--------------------------|-----------------------------|
| On | Off | |
| <input type="checkbox"/> | <input type="checkbox"/> | Electric, Provider _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Propane, Provider _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Water/Sewer, Provider _____ |

What is the scheduled date of re-occupancy? _____

Is building to be sold or rented? _____

Is building on the market for sale? _____

Is building to be demolished? _____

Plan of action for exterior building maintenance: Specific timeline of completion of correction/improvement.

What improvements are planned? Specific timeline of completion of correction or improvements.

This form is valid for 6 months from the date of filing. After 6 months new registration is required.

I hereby authorize a Town representative to conduct a compliance inspection on the above mentioned property.

Signature

Printed Name

Date