

VACANT BUILDING REQUEST FOR RECONSIDERATION

P.O. Box 1659, Huntington, WV 25717-1659 Phone: (304) 696-4480; Fax: (304) 696-5538 Email: vacantbuildingregistry@cityofhuntington.com

Date:	
CONTACT INFORMATION	
Name:	
Address:	
City/State/ZIP:	
Phone:	
PROPERTY INFORMATION	
Street Address:	71 1
Street Address.	
Parcel ID:	
- T W. CO. 120 1	
REASON FOR RECONSIDERATION REQUEST	
Check one: ☐ Imposition of registration fee ☐ Desi	gnation as a vacant building
Explanation:	
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• If you need additional room, please continue on the reverse of this page.	
 Please attach to this form any documentation to support your request. 	
 Reconsideration must be requested within 15 days of the triggering event (due date of fee 	
	ie triggering event (due date of fee
or designation of building as vacant).	
	Official Use Only
	Filing Fee \$50.00 Paid:
	+ +
Property Owner/Responsible Party Signature	