Village of Ludlow
Enforcement Office
PO Box 359
Ludlow, VT 05149
Phone: 802-228-2841
Fax: 802-228-2813

VILLAGE OF LUDLOW, VERMONT

VACANT BUILDING PERMIT APPLICATION

Date_____

Instructions: Please complete in ink. The completed application must be signed and submitted to the Ludlow Municipal Office within in 10 days of receipt.

1. Identification

Vacant Property Address: _____

Owner & Co-Owner: _____

Owner Street Address _____

City/State/Zip _____

Phone (home) & Phone (cell) _____

2. Main use of building (i.e. single-family home, office, residential, parking, restaurant, etc.)

Most Recent Use: _____

Proposed Use:_____

# of Dwellings: _____

3. Statement of Intent

☐ I plan to rehabilitate this structure
☐ I plan to demolish (wreck and remove) this building
☐ This building is vacant as a result of fire damage.

Date of Vacancy (required): _____

Expected Period of vacancy (required): From_____(mm/yy) to _____(mm/yy)

In the space below, please indicate your intentions for the property. This statement must include details of all plans; for example, plans for lawful occupancy, rehabilitation, removal/demolition, or sale of property (attach additional sheets if necessary):

_____
_____
_____
_____
_____

Timetable for accomplishing plan (please be as detailed as possible and attach additional sheets if necessary):

_____
_____
_____
_____
_____

4. Protection of Building

Please refer to Article 6 & 7 of the Vacant & Dangerous Building Ordinance for information on the obligations and safety and maintenance standards.

Disclose in detail all measures you will take to ensure that the building will comply with the Village of Ludlow's vacant buildings standards throughout the period of vacancy (attach additional sheets if necessary):

_____
_____
_____
_____
_____

Disclose in detail all measures you will take to make the building safe for entry by Police and Fire in times of emergency (attach additional sheets if necessary):

_____
_____
_____
_____
_____

Please list all persons authorized to be present on the premises below:

_____
_____
_____
_____
_____

5. FEE

Please attach $100.00 fee with application.

6. 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 Office Use Only:

☐ Approved ☐ Denied _____ _____
Municipal Manager Date

Application Received:_____Fee Paid:_____