



**COLUMBIA POLICE DEPARTMENT
CODE ENFORCEMENT DIVISION**



VACANT BUILDING REGISTRATION CHECKLIST

Please complete this checklist before submitting your Vacant Building Registration Form. It will help to ensure that the form is fully completed with required additional documentation included.

SUBJECT PROPERTY FORMS AND ATTACHMENTS

Subject Property Address:

- Complete Registration Form
 - The following sections must be complete:
 - Vacant Property Information
 - Registrant Information
 - Designated Local Agent (If Applicable)
 - Inspection Fee
 - Registration Fees OR Fee Exemption Request
 - Signature of Owner, Registered Agent or Property Manager
- Vacant Building Plan
- Trespass Affidavit

FEES AND FEE WAIVERS

All Registrations must include a check for the required Registration and Inspection Fees or a written request for a Fee Exemption.

- Inspection Fee (\$50 per building)
- Registration Fee (Based on Structure Type, Residential is 1 and 2 family homes, and Non-Residential is all other structures, including apartment complexes).

	Residential	Non-Residential
Initial Registration	No Fee	No Fee
First Annual Renewal	\$ 50.00	\$ 100.00
Second Annual Renewal	\$ 250.00	\$ 500.00
Third Annual Renewal	\$ 500.00	\$ 1,000.00
Each year thereafter	\$ 500.00	\$ 1,000.00

If applying for a fee exemption, please make sure to complete this part of the checklist.

Note: Fee exemptions are from the annual renewal fees only and not the inspection fee.

- Select appropriate fee exemption type
- Enclose signed letter requesting Fee Exemption and reason for request
- Enclose supporting documentation for Fee Exemption Request



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VACANT BUILDING REGISTRATION FORM

VACANT PROPERTY INFORMATION
SUBJECT PROPERTY

Physical Address:		Tax Map #:	
City/State/Zip:		Number of Vacant Buildings:	
Property Status (circle one): For Sale / Foreclosure / Bankruptcy / Probate / Other: _____			
Property Condition (circle one): No Code Violations / Minor Violations / Major Violations			
Buildings Secure (Y/N):		If no, explain:	
Last Date of Occupancy:		Single Family or Duplex (Y/N):	

REGISTRANT INFORMATION
OWNER INFORMATION

Name/Contact:		Company Name:	
Owner Type (circle one): Individual(s) / Company / Trust / Other: _____			
Physical Address:		City/State/Zip:	
Mailing Address:		City/State/Zip:	
Telephone:		Email:	

Name of Second Owner/Contact:			
Owner Type (circle one): Individual(s) / Company / Trust / Other: _____			
Physical Address:		City/State/Zip:	
Mailing Address:		City/State/Zip:	
Telephone:		Email:	

List of Additional Owners

DESIGNATED LOCAL PROPERTY MANAGER
REQUIRED IF OWNER'S ADDRESS IS MORE THAN 45 MILES FROM VACANT BUILDING

Name/Contact:		Company Name:	
Physical Address:		City/State/Zip:	
Mailing Address:		City/State/Zip:	
Telephone:		Email:	



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VACANT BUILDING PLAN

Subject Property Address:

1. Please describe the plan to make the building ready for occupancy.

2. Please describe the plan to remedy any public nuisances, outstanding citations, violation notices or liens on the property.

3. Please describe the plan of action to secure, monitor and maintain the building and premises thereof in conformance with all City Codes and Ordinances.

4. Do you have a floor plan or layout? Yes ___ No ___ (If yes, please attach a copy to the application)

***** PLEASE ATTACH THE COMPLETED TRESPASS AFFIDAVIT TO THE APPLICATION *****



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FEE EXEMPTION REQUEST*

Subject Property Address: _____

_____ The building is actively being marketed for sale or rent.

_____ The Building is actively being renovated.

_____ The Property is in probate and actively being transferred.

_____ The Building was damaged by fire or weather event.

_____ Financial hardship.

_____ The Building is owned by a Government Agency or a successor-in-interest.

_____ The Building is considered a Category I Building and has had no citations within the last 12 months.

_____ I am not requesting a fee exemption at this time.

* Fee exemptions granted by the City of Columbia are only valid for twelve (12) months. Please include supporting documentation with this request.

SIGNATURE

The undersigned hereby attests to the above information as accurate. Any falsification may result in the denial or revocation of the vacant building registration certificate

Signature of Owner or Registered Agent	Date
Signature of Property Manager (if Applicable)	Date

Official Use Only: VBP Attached (yes) /Trespass Affidavit Attached (yes) /Fee Exemption (yes)/(no) _____
 Date of Vacancy _____ / Inspection Fee _____ / Annual Registration Fee _____ / Total Fee _____
 Inspection Date _____ / Inspected by _____ / Building Category: I / II / III
 Received by _____ Reviewed by _____

Revised 1/24/2020

**TRESPASS AFFIDAVIT
(PRIVATE PROPERTY)**

(Date)

My name is _____ and I am the _____ of the
(Print Name) (Owner/Agent of Owner)
building located at _____, Columbia, SC _____.
(Street Address) (Zip Code)

I hereby request and authorize the City of Columbia Police Department to enter the premises at said location, and in my absence, to enforce all applicable trespass laws on my behalf in regard to the above referenced property.

My address is _____,
(Street Address, City, State, Zip)
my phone number is _____ and my email is _____.
(Area Code/Phone Number) (Email Address)

(Signature)

SWORN to before me this _____

Day of _____, _____.

Notary Public for South Carolina

My Commission expires: _____