

Kingston Fire Department

Building Safety Division

5 Garraghan Drive
Kingston, NY 12401
Phone (845) 331-1217
Fax (845) 331-1224



Mark Brown
Fire Chief

David Allen
Deputy Chief

BUILDING SAFETY DIVISION VACANT BUILDING REGISTRY

Address of Property: _____ S/B/L # _____

Name(s) _____ Additional Name(s) _____

Legal address of Owner(s) _____ City _____

State _____ Zip Code _____

Telephone Numbers:

Home _____ Work _____ Cell _____ Other _____

DESIGNATION OF AGENT (If the owner does not reside in Ulster County, a local agent must be designated that can be reached day or night)

Name(s) _____ Address _____

City _____ State _____ Zip _____

Telephone Numbers:

Home _____ Work _____ Cell _____ Other _____

PROPERTY INFORMATION/BUILDING DESCRIPTION

Occupancy: residential commercial

Number of Stories: _____ (excluding basement and attic)

Are all utilities secured: ___yes ___no (gas, electric, water, etc...)

Building secure: ___yes ___no (doors & windows with plywood etc...)

Buildings condition: fair poor excellent

Condition of roof: fair poor excellent

Projected use for property: Demolition Remain Vacant Return to appropriate occupancy or use

You must submit a vacant building plan. The plan, at a minimum, must contain information from one of the above choices for the property.

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If the building is to be demolished, a demolition plan indicating the proposed time frame for demolition, including the appropriated application from this office.

If the building is to remain vacant, a plan for securing the building in accordance with requirements of the Building Safety Division must be submitted as well as a statement of the reason why the building will be left vacant.

If the building is to be returned to appropriate occupancy a rehabilitation plan for the property. The rehabilitation plan shall not exceed 365 days, unless the office has granted an extension upon receipt of a written statement from the owner. Any repairs, improvements, or alterations to the property must comply with any applicable zoning, housing, historic preservation or building codes and must be secured in accordance with the Code of the City of Kingston during the rehabilitation.

Failure of the owner to maintain the building and premises that result in remedial action being taken by the City shall be grounds for revocation of the approved plan and shall be subject to any applicable penalties provided by the law.

Signature of Property Owner: _____

Print Name of Property Owner: _____

Date: _____