



Town of Pahrump 400 N. Hwy 160 Pahrump, NV 89060 Phone: 775.727.5107 Fax: 775.727.0345

## 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