



**VACANT PROPERTY REGISTRATION FEE WAIVER**  
**NON-RESIDENTIAL PROPERTIES ONLY**

In accordance with Ordinance 2156 of the Township of Abington, all information requested below must be provided. Please type or print clearly. Only completed forms will be accepted. *Note that this application applies only to nonresidential properties.* Please complete this form and submit it to the Department of Engineering and Code.

**I. PROPERTY INFORMATION:**

Full Address of the property: \_\_\_\_\_

Tax Parcel Number: \_\_\_\_\_

Date that property was vacated: \_\_\_\_\_  
NOTE: PLEASE PROVIDE (ATTACH) DOCUMENTATION.

Total number of buildings on parcel: \_\_\_\_\_

Total number of units on parcel: \_\_\_\_\_

Square footage of each unit: \_\_\_\_\_

Number of parking spaces available per building on parcel: \_\_\_\_\_

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**II. CONTACT INFORMATION:**

Owner's Information:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS:                      NUMBER + STREET

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CITY                              STATE                              ZIP

\_\_\_\_\_  
PHONE: LANDLINE                              CELL

\_\_\_\_\_  
E-MAIL

If the owner is a corporation, LP, LLC, or some other form of partnership, the names, telephone numbers, mailing addresses, and e-mail addresses must be provided for the Chief Executive Officer, the



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Registered Officer(s), and the Managing Partners of the Corporation. Please provide (attach) that information on a separate page. One of the persons listed must reside within the Commonwealth of Pennsylvania.

Designated Agent's Information (THIS SHOULD BE THE EMERGENCY POINT OF CONTACT):

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS:                      NUMBER + STREET

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
PHONE: LANDLINE

\_\_\_\_\_  
CELL

\_\_\_\_\_  
E-MAIL

**III. PROPERTY IMPROVEMENTS:**

A permit is required for demolition, rehabilitation, and other substantial repairs:

**Permit number:** \_\_\_\_\_

Provide a description of the demolition, rehabilitation or other substantial repairs at the vacant building to date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide the anticipated completion date for the demolition, rehabilitation or other substantial repair of the vacant building:

\_\_\_\_\_



Provide (attach) documentation demonstrating that the owner is actively attempting to sell or lease the property at reasonable terms, including a price reflecting fair market value, during the vacancy period and all past due vacant registration fees, if any, and all other financial obligations and/or debts owed to the Township in connection with the vacant property have been paid. List attached documentation below:

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**IV. PROPERTY VALUE:**

Indicate how fair market value of the property has been determined:

- professional appraisal performed by a certified real estate appraiser;
- comparative market analysis conducted by a licensed real estate agent; or
- other commercially reasonable valuation method (may require approval from the Board of Commissioners)— describe below:

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**NOTE:** The Township may require additional information to support the owner’s valuation and pricing of the property.

Have all financial obligations and/or debts owed to Abington Township and/or the Abington School District in connection with the vacant property been paid? (SELECT ONE)    **YES**        **NO**

If not, please list all outstanding debts and obligations to the Township:

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**NOTE:** At all times, the burden of proof shall remain upon the owner of the building to demonstrate that the waiver is appropriate in light of the above factors. It is recommended that the owner submit any available photos, plot plan, layout plan, price, appraisal, comparative market analysis, or other documentation concerning fair market value as well as agent information with this Application for Waiver of Vacant Property Registration Fee to demonstrate the active marketing of the property.



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**V. SUBMISSION:**

I hereby attest/swear that the information I have provided on this registration form is accurate and complete to the best of my knowledge.

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This application form, with all supporting documentation attached, should be submitted to the Engineering and Code Department, c/o Maria Wyrsta, Office Manager, Township of Abington, 1176 Old York Road, Abington, PA 19001.



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**THE FOLLOWING IS FOR INTERNAL USE ONLY:**

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Transmitted to Township Manager by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by Township Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Recommendation:**                  Approved                                  Board action required