

## Town of Bennington – Vacant Building & Spaces Registration

Property Location: \_\_\_\_\_ Parcel ID: \_\_\_\_\_ Date: \_\_\_\_\_

Grand List Owner: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# : \_\_\_\_\_

Property Manager (Agent): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# : \_\_\_\_\_

Persons Authorized to be present in the building or on the premises:

\_\_\_\_\_

I, \_\_\_\_\_ owner of \_\_\_\_\_

Hereby grant permission to the Town of Bennington Building Inspector to inspect said property.

\_\_\_\_\_  
Signature of Owner or Agent of Property

Said Property is in Compliance with Ordinance? \_\_\_\_\_ Yes  
Date

\_\_\_\_\_ No  
Date

Plans of File: \_\_\_\_\_ Yes \_\_\_\_\_ No