



Code Enforcement Office
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Office Hours
 Monday 8:00 AM–4:00 PM
 Tuesday Closed
 Wednesday 8:00 AM–4PM
 Thursday 8:00 AM–4:00PM
 Friday 8:00 AM–4:00 PM

Vacant and Abandoned Building Registration Application

Instructions: Complete all sections of application. The Applicant must prove that the proposed activity conforms with the Town of Dover-Foxcroft Vacant and Abandoned Buildings Ordinance. A permit will be issued only if the application is deemed complete, has been reviewed, and fully complies with all the provisions of the Ordinance.

- Annual registration (renew yearly) Interim registration (effective for up to 90 days)

Date of application: _____ Registration expiration Date: _____ (CEO verified)

Location of Building (Street address): _____

Contact information:

	Name	Address	Phone #	E-mail
Owner				
Bank/lender/ lien holder				
Authorized Agent				
Property Manager				
24-Hour Contact				

Provide evidence of each of the above's authority.

List persons authorized to be present in the building. Anyone else will be considered trespassers.

Health and Safety: Describe measures to ensure the building is weathertight, secure from trespassers, safe for entry of town officials, free from nuisances, in good order, and in compliance with the Town's Vacant and Abandoned Buildings Ordinance and other applicable codes:

(Answer on separate sheet labeled "Attachment A")

Statement of Intent: What is the expected period of vacancy? What is the plan for regular maintenance? What is the timeline for occupancy, rehabilitation, or removal/demolition of the structure?

(Answer on separate sheet labeled "Attachment B")

Right, Title and Interest. Attach a copy of the deed to the property, an option to purchase the property, a lease agreement, or other documentation to demonstrate right, title or interest in the property on the part of the Applicant. If Applicant is not owner, also attach authorizing letter from the property owner.

Total Due: \$ _____

By signing below, I agree that the information provided is complete and correct and that my project will adhere to applicable State and Town land use laws and regulations. I agree to future inspections by the Code Enforcement Officer at reasonable hours.

Applicant Signature _____ **Date** _____

CEO Signature _____ **Date** _____

Date Received: _____

(Form created 2/24/2022)

Property Address: _____

Tax Map & Lot #: _____

Zoning District: - _____