

FEE: \$50.00

BUILDING DEPARTMENT  
**TOWN OF STOUGHTON**



10 Pearl Street  
Stoughton, MA 02072

Jack Erickson  
Building Commissioner

Telephone: 781-344-6070  
FAX: 781-232-9320

**Vacant Properties: Registration and Maintenance**

Vacant Property Address: \_\_\_\_\_

Name of Owner (In-State) \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell # \_\_\_\_\_

Address of Owner (No P.O. Box Permitted) Street: \_\_\_\_\_

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

**Name of Owner (Corporation, Person, or Other Entity) Out of State**

Name: \_\_\_\_\_

Home or Business Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Address (No P.O. Box Permitted) Street: \_\_\_\_\_

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

**Out of State Owners/In State Authorized Agent**

Name: \_\_\_\_\_

Home or Business Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Address (No P.O. Box Permitted) Street: \_\_\_\_\_

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

**Certification By Owner That Property Is Vacant and Secured**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of local individual of property management company responsible for maintenance and security of property (if other than owner)

Name: \_\_\_\_\_

Home or Business Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Address (No P.O. Box Permitted) Street: \_\_\_\_\_

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

Building Commissioner: \_\_\_\_\_ Expiration Date: \_\_\_\_\_