



CITY OF WALHALLA  
Community Development

206 N Church St. • P.O. Box 1099 • Walhalla, SC 29691 • (864) 638-4343 • Fax (864) 638-4357 • www.CityofWalhalla.com

**Vacant Building Courtesy Registration**

*This form is for property owners and residents that will have an extended vacancy of 120 days or more of their primary residence for the purposes of work, vacation, military or medical. All other vacant buildings must use the Vacant Building Registration form.*

**Owner's Information**

Applicant Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_

**Property Information**

Property Location: \_\_\_\_\_  
Parcel Number(s): \_\_\_\_\_  
How long to you expect the property to the be vacant? \_\_\_\_\_  
When will this vacancy begin? \_\_\_\_\_  
Additional details you wish to provide:  
\_\_\_\_\_  
\_\_\_\_\_

*As the owner, I hereby confirm that I am not required to register this location on the Vacant Building Registration form, per Ordinance #2023-01. I affirm this property is my primary residence.*

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

**For Office Use Only:**  
Date Submitted: \_\_\_\_\_ Status: \_\_\_\_\_  
Vacancy Begins: \_\_\_\_\_ Vacancy Ends: \_\_\_\_\_