



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: _____