

**BLAIRSTOWN TOWNSHIP**

106 Route 94

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Blairstown, NJ 07825

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**VACANT / ABANDONED PROPERTY REGISTRATION FORM**

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

PROPERTY OWNER NAME: \_\_\_\_\_

ADDRESS (No P.O. Boxes): \_\_\_\_\_

Telephone Number & E-Mail: \_\_\_\_\_

**LENDER/LIEN HOLDER/MORTGAGE COMPANY/ TRUSTEE:**

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

Address (No P.O. Boxes): \_\_\_\_\_

Telephone Number and Fax Number: \_\_\_\_\_

Contact, Telephone # (Direct Line) & E-mail: \_\_\_\_\_

**PROPERTY MANAGEMENT COMPANY:**

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

Address (No P.O. Boxes): \_\_\_\_\_

Telephone Number and Fax Number: \_\_\_\_\_

Contact, Telephone # (Direct Line) & E-mail: \_\_\_\_\_

**PROPERTY DESCRIPTION:**

Total Number of Residential Units: \_\_\_\_\_ Commercial Units: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

Property Acquisition Date: \_\_\_\_\_

1. Is the property: Vacant  Abandoned:  Secure:  Open & Accessible:
2. Does the owner intend to restore the property to productive use and occupy in the Next 12 months: Yes  No
3. Is the property currently enclosed and/or secured from unauthorized entry (e.g., windows/doors boarded)? Yes  No
4. Are the utilities On or OFF? Electric  Water  Gas
5. Is a sign (minimum 8"x10") affixed to the building specifying the name, address, and telephone number of the owner, owner's authorized agent and person responsible for daily supervision and management of building? Yes  No

An emergency contact person, having the authority to act and respond to the needs of the registered property must be available on a 24 hour per day, 7 day per week basis.

Emergency Contact Name & Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Owner's Name

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

\_\_\_\_\_  
Date

I hereby certify that the foregoing information and statements made by me are true. I am aware that if any of the foregoing information or statements made by me are willfully false, I am subject to punishment under the "violations and penalties" provision of the vacant property registration ordinance.

\*\*\*\*\*

OFFICE USE ONLY: Initial \$500.00 \_\_\_\_\_ First Renewal \$1,500.00 \_\_\_\_\_

Second Renewal \$3,000.00 \_\_\_\_\_ Subsequent Renewal \$5,000.00 \_\_\_\_\_

Date Paid: \_\_\_\_\_ Cash  Check  Check Number \_\_\_\_\_