

Borough of Elmer

HOUSING, ZONING, & PROPERTY MAINTENANCE OFFICE

120 S. Main Street, PO Box 882, Elmer, NJ 08318

(856) 358-4010 Ext. 114 (856) 358-4870 fax zoninghousing@elmerboroughnj.com

www.elmerboroughnj.com

VACANT/ABANDONED PROPERTY REGISTRATION

REGISTRATION FEE AND INSURANCE CERTIFICATE MUST ACCOMPANY THE REGISTRATION FORM.

Registration shall remain valid for one year from the date of registration, except for the initial registration. The owner or lender shall be required to renew the registration annually as long as the building remains a vacant and/or abandoned property, and shall pay a registration or renewal fee in the amount prescribed in Chapter 9 for each vacant property registered.

The annual renewal shall be completed by **January 1st each year.**

The initial registration fee for each building shall be \$500.00, and shall be pro-rated after October 1st. Homeowner's Insurance Certificate shall be provided at time of initial registration and upon each renewal.

BE ADVISED THAT IN ADDITION TO OTHER RESPONSIBILITIES, OWNERS AND LENDERS OF VACANT/ABANDONED PROPERTIES ARE RESPONSIBLE FOR CONTINUOUS PROPERTY MAINTENANCE, WHICH INCLUDES BUT IS NOT LIMITED TO, ENSURING THAT THE EXTERIOR GROUNDS OF THE STRUCTURE, INCLUDING YARDS, FENCES, SIDEWALKS, WALKWAYS, RIGHT OF WAYS, ALLEYS, RETAINING WALLS AND ATTACHED OR UNATTACHED ACCESSORY STRUCTURES AND DRIVEWAYS, ARE WELL MAINTAINED AND FREE FROM TRASH, DEBRIS, LITTER, GRASS AND OTHER VEGETATIVE GROWTH. THE BUILDING MUST BE SECURED FROM UNAUTHORIZED ENTRY, AND A SIGN IDENTIFYING THE RESPONSIBLE PARTIES MUST BE AFFIXED.

FAILURE TO COMPLY WITH THESE STANDARDS WILL RESULT IN ENFORCEMENT ACTION AND PENALTIES AGAINST THE OWNER.

Refer to Chapter 9 of the Code Book of the Borough of Elmer (<https://clerkshq.com/elmer-nj>) for additional information and further details regarding property maintenance and vacant/abandoned properties.

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VACANT/ABANDONED PROPERTY REGISTRATION

Property Address: _____

Block: _____ Lot: _____

Owner's Information:

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Email Address: _____

Emergency Contact or Responsible Agent (24 HOURS A DAY) Located in New Jersey:

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Email Address: _____

Lender/Lien Holder/Mortgage Company/Trustee:

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____

Contact Phone (Direct Line): _____ Email: _____

Account No.: _____

Homeowner's Insurance Information:

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____

Contact Phone (Direct Line): _____ Email: _____

Policy No.: _____

Property Information:

Total Number of Residential Units: _____ Number of Stories: _____

1. Is the property: Vacant Abandoned Secure Open & Accessible

2. Is the property currently enclosed and/or secured from unauthorized entry (e.g. windows/doors boarded)? Yes No

3. Are the utilities ON or OFF: Electric _____ Water _____ Gas _____

4. Is there a sign (24" x 24") 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 the building? Yes No

5. Is the property covered by a valid and current policy of Homeowner's Insurance?
Yes No

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER THE PENAL SECTION OF CHAPTER 9 OF THE CODE OF THE BOROUGH OF ELMER.

OWNER'S NAME (PRINTED) OWNER'S SIGNATURE DATE

FOR OFFICE USE ONLY

Amount Paid _____ Cash _____ Check # _____
Date of Application _____ Insurance Certificate Provided _____
Date Received _____ Registration # _____
Received By _____ Expires _____