New Jersel

TOWNSHIP OF BERKELEY HEIGHTS

29 Park Avenue Berkeley Heights, NJ 07922

> Phone: (908) 464-2700 Fax: (908) 464-6081

VACANT PROPERTY REGISTRATION FORM

INSTRUCTIONS:

- All vacant properties/buildings must register with the Township of Berkeley Heights in accordance with Chapter 8.57 (Property, Vacant and Abandoned) of the Code of the Township of Berkeley Heights.
- Please complete this form for each vacant property. Each Block and Lot is considered a separate property and MUST file a separate registration.
- This form must be filed with the Township Clerk.
- The registration and renewals shall be made in accordance with §8.57. Please make checks payable to the "*Township of Berkeley Heights*". The vacant property registration payment included with this form pertains to the current period of vacancy.

Fee Schedule (§8.57.040)

Initial Registration: \$500.00 First Renewal: \$1500.00 Second Renewal: \$3000.00 Subsequent Renewals: \$5000.00

Street Address:	
Block: Lot:	Qualification:
Is the above referenced property	in foreclosure? \square YES \square NO
If yes, please provide the Forecl	osure Docket Number:
If yes, please provide the Forec	osure Docket Number:
If yes, please provide the Forech	
SECTION 2: PURPOSE OF I	
SECTION 2: PURPOSE OF I	ORM (Select One)

SECTION 3: PROPERTY OWNER INFORMATION (No P.O. Boxes are permitted) Property Owner's Name: City: _____ State: ____ Zip Code: _____ Telephone No.: () _____ Fax No.: () _____ E-mail Address: **SECTION 4: REGISTRANT INFORMATION** (No P.O. Boxes are permitted) Registrant Name: Address: City: _____ State: ____ Zip Code: _____ Telephone No.: () ______ Fax No.: ()_____ E-mail Address: Is the Registrant a Creditor? \Box YES \Box NO Does the Registrant have an Agent? \Box YES \Box NO (If NO, continue with Section 5) Agent of Registrant (Company): Agent of Registrant (Name of Individual): Address: City: _____ State: ____ Zip Code: _____ Telephone No.: () _____ Fax No.: () _____ E-mail Address: **SECTION 5: INDIVIDUAL AUTHORIZED FOR SERVICE** (No P.O. Boxes are permitted) IN ACCORD WITH §8.57.030, THIS INDIVIDUAL IS A NATURAL PERSON 21 YEARS OF AGE OR OLDER, LOCATED IN THE STATE OF NEW JERSEY, DESIGNATED BY OWNER (§8.57.010) TO ACCEPT SERVICE. Address: City: _____ State: ____ Zip Code: ____ Telephone No.: () _____ Fax No.: () _____ E-mail Address:

SECTION 6: PROPERTY SECURED / SIGNAGE

1. Has the property been secured against unauthorized	d entry? (§8.57.050A)
□ YES □ NO	
2. Is there a sign affixed to the property indicating the	e name, address & telephone number o
the Owner and Owner's Authorized Agent? (§8.57	'.050B)
□ YES □ NO	
SECTION 7: CERTIFICATION	
I,, on behalf of	
information above is complete and accurate. In accordance Township of Berkeley Heights, I agree to notify any future registration. I certify that the foregoing statements made be the foregoing statements made by me are willfully false, I	e owner of this vacant building by me are true. I am aware that if any of
	Printed Name of Applican
	Signature of Applican
State of	
County of	
On this the Day of, 20, before	e me,,
the undersigned personally appeared	
satisfactorily proven) to be the person whose name is subs	
acknowledged that he/she executed the same for the purpo	oses therein contained.
In witness whereof, I hereunto set my hand.	
Notary Public	
My commission expires:	