



TOWNSHIP OF ROXBURY
1715 ROUTE 46 LEDGEWOOD, NJ 07852
ATTN: VPR OFFICIAL

VACANT PROPERTY REGISTRATION STATEMENT FORM

AS REQUIRED PURSUANT TO TOWNSHIP ORDINANCE NO. 14-16

Registration is valid until the end of the calendar year and must be renewed annually by January 31st.

Initial (\$250 for first year) 1st Renewal (\$500 for second year) Subsequent Renewals (\$1,000)

Please make checks or money orders payable to the "Township of Roxbury"

PROPERTY LOCATION & OWNERSHIP INFORMATION:

PROPERTY ADDRESS: _____ BLOCK: _____ LOT: _____

Owner(s) Name: _____ Owner(s) Phone #: _____

Owner(s) Mailing Address: _____

PROPERTY DESCRIPTION/ADDITIONAL INFORMATION:

Total # of Residential Units: _____ Total # of Commercial or Non-Residential Units: _____ Date property was acquired: _____

Does "owner" intend to restore property to productive use and occupancy in the next 12 months? Yes: _____ No: _____

Has a foreclosure proceeding been initiated against this property? Yes: _____ No: _____

If "Yes", provide the filing date of the summons and complaint to foreclose: _____

AUTHORIZED AGENT: must be a natural person 21 years of age or older designated by the owner(s) to receive notices of code violations and to receive process in any court proceeding or administrative enforcement proceeding on behalf of such owner(s) in connection with the enforcement of any applicable code. The authorized agent must have a contact number that will be available 24 hours per day on an emergency basis.

Name: _____

Address: _____

Phone # (daytime): _____ Phone # (evening): _____ email: _____

PERSON RESPONSIBLE FOR MAINTAINING AND SECURING PROPERTY: (if different from the authorized agent)

Name: _____

Address: _____

Phone # (daytime): _____ Phone # (evening): _____ email: _____

REQUIREMENTS - ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS:

1. Has a sign, no smaller than 15" x 17" in size, indicating the name, address and telephone number of the (1) owner; (2) owner's authorized agent (if designated); and (3) person responsible for the day-to-day supervision and management of the building, been affixed to the inside of the building and placed in a location so as to be legible from the nearest public street or sidewalk? _____
2. Has electrical and gas utility services been discontinued? _____
3. Is the building winterized? _____
4. Is the building secured against unauthorized entry? _____

OWNER/AUTHORIZED AGENT CERTIFICATION: I, the undersigned hereby affirm that I am the owner or Authorized Agent designated to act on behalf of the owner for the above- described property and that all information is true and correct to the best of my knowledge, and belief.

Signature: _____ Date: _____

Print Name: _____