

Township of Independence
286B Route 46, P.O. Box 164
Great Meadows, NJ 07838
zoning@independencenj.com
908-637-4133 x 1023

VACANT / ABANDONED PROPERTY REGISTRATION FORM

Block _____ Lot _____
Property Address: _____

Property Owner Name: _____
Address (No P.O. Boxes): _____
Telephone Number & Email: _____

Lender/Lien Holder/Mortgage Company/Trustee:
Name: _____
Address (No P.O. Boxes): _____
Telephone & Fax Number _____
Contact, Telephone Number (Direct Number) & Email _____

Property Management Company:
Name: _____
Address (No P.O. Boxes): _____
Telephone & Fax Number _____
Contact, Telephone Number (Direct Number) & Email _____

Property Description:

Total Number of Residential Units: _____ Number of Stories: _____
Property Acquisition Date: _____

Is the property: Vacant ___ Abandoned: ___ Secure: ___ Open & Accessible: ___
Does the owner intent to restore the property to productive use and occupy in the next 12 months: Yes ___ No ___

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

Are the utilities On or Off? Electric ___ Water ___ Gas ___

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 and Telephone Number: _____

I Certify that the forgoing statements made by me are true. I am aware that if any of the forgoing statements are willingly false, I am subject to punishment under the Penal Section of the Township of Independence Maintenance Ordinance

Owner's Name _____ Owner's Signature _____ Date _____

Office Use Only: Initial \$500.00 _____ First Renewal \$1,000.00 _____

Second-Third Renewal \$2,000.00 Subsequent Renewal \$5,000.00

Date Paid: ___ Cash ___ Check ___ Check Number _____