Randall W. Teague, Mayor Director of the Department of Public Works, Parks and Public Property

Paul Dougherty, Commissioner Director of the Department of Revenue & Finance

James Mulroy, Commissioner Director of Public Safety & Department of Public Affairs



where community thrives

Municipal Building 135 Haddon Avenue Haddon Township, N.J. 08108

> Tele: (856) 854-1176 Fax: (856) 854-0614 www. haddontwp.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 187 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 OR 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 UNTTACHED ACCESSORY STRUCTURES AND DRIVEWAYS, ARE WELL MAINTAINED AND FREE FROMTRASH, DEBRIS, LITTER, GRASS AND OTHER VEGETATIVE GROWTH. THE BUILDING MUST BE SECURED FROM UNATHORIZED 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 187 of the Township of Haddon Code Book for additional information and further details regarding property maintenance and vacant/abandoned properties.

VACANT/ABANDONED PROPERTY REGISTRATION

Township of Haddon							
	135 Haddon Avenue., Westmont, NJ 08108						
	Code Enforcement Office						
	Phone: (856) 854-1176 ext 6247	Fax: (856) 854-0614					
Property Address:							
	Block:	Lot:					
Owner's Information	<u>:</u>						
Name:							
Street Address:							
City, State, Zip:							
Phone:		Cell:					
Email Address:							
Emergency Contact o	r Responsible Agent (24 HOURS	A DAY) Located in New Jersey:					
Emergency Contact o	r Responsible Agent (24 HOURS	A DAY) Located in New Jersey:					
		A DAY) Located in New Jersey:					
Name:							
Name: Street Address:							
Name: Street Address: City, State, Zip:							
Name: Street Address: City, State, Zip: Phone:							
Name: Street Address: City, State, Zip: Phone: Email Address:							
Name: Street Address: City, State, Zip: Phone: Email Address:							
Name: Street Address: City, State, Zip: Phone: Email Address: Lender/Lien Holder/I							
Name: Street Address: City, State, Zip: Phone: Email Address: Lender/Lien Holder/I Name:							
Name: Street Address: City, State, Zip: Phone: Email Address: Lender/Lien Holder/I Name: Address:	Mortgage Company/Trustee:	Cell:					
Name: Street Address: City, State, Zip: Phone: Email Address: Lender/Lien Holder/I Name: Address: Phone: Contact Name:	Mortgage Company/Trustee:	Cell:					

Homeowner's Insurance Information:

Name:	-						
Addres	ss:						
Phone:				Fax:			
Contac	t Name:						
Contact Phone (Direct Line)"				Email:			
Policy	No.,:						
Prope	rty Information:						
Total Number of Residential Units:				Number of Stories:			
1.	Is the property:	Vacant 🛆	Abandoned 🗅	Secure 🗅	Open & Access	ible 🗅	
2.	Is the property co boarded)?	urrently enclo Yes	sed and/or secure No △	ed from unaut	horized entry (e.g	g. windows/doors	
3.	Are the utilities O	ON or OFF	Electric	Wate	er Ga	as	
4.	number of the ov	wner, owner's	ed to the building s authorized agent ng? Yes 🋆	and person r		•	
5.	Is the property co Yes △ No △	overed by a va	alid and current po	olicy of Home	owner's Insurance	9?	
THE FC	IFY THAT THE FOR DREGOING STATEN R THE PENAL SECT	MENTS MADE	BY ME ARE WILL	ULLY FALSE,	AM SUBJECT TO	PUNISHMENT	
	R'S NAME (PRINT	ED	OWNER'S SIGN			DATE	
	f Application:				·		
Check #							
Insura	nce Certification P	rovided:					
Registration #:				Expires:			
Autho	rized Township sig	nature:					