

Fire Department
Fire Prevention Bureau
375 Franklin Street

Telephone
(973) 680-4153
Fax
(973) 680-4165



Township of Bloomfield
Bloomfield, New Jersey 07003-3487

VACANT PROPERTY REGISTRATION FORM

INSTRUCTIONS

- All vacant properties/buildings must register with the Township of Bloomfield in accordance with Chapter 430 (Vacant/Abandoned Properties) of the Bloomfield Code.
- Please complete this form for each vacant property.
- **The registration and renewals shall be made in accordance with §430.** Please make checks payable to the **Township of Bloomfield**. The vacant property registration payment included with this form pertains to the current period of vacancy.

Fee Schedule (§430-4)

Initial Registration:	\$500	Second Renewal:	\$3000
First Renewal:	\$1500	Subsequent Renewals:	\$5000

SECTION 1: ADDRESS OF VACANT PROPERTY/BUILDING

Street Address: _____

Block: _____ Lot: _____

Is the above referenced property in foreclosure? YES NO

If yes, please provide the Foreclosure Docket Number: _____

SECTION 2: PURPOSE OF FORM (Select One)

INITIAL

RENEWAL

STATUS CHANGE

If this is a Status Change, please provide the reason, and attach any relevant documentation:

SECTION 3: PROPERTY OWNER INFORMATION *(No P.O. Boxes are permitted)*

Property Owner's Name: _____
Address: _____
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? YES NO

Does the Registrant have an Agent? YES 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 §430-3, THIS INDIVIDUAL IS A NATURAL PERSON 21 YEARS OF AGE OR OLDER, LOCATED IN THE STATE OF NEW JERSEY, DESIGNATED BY OWNER (§430-1) TO ACCEPT SERVICE.

Name: _____
Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone No.: _____ **Fax No.:** _____
E-mail Address: _____

SECTION 6: PERSON RESPONSIBLE FOR MAINTAINING AND SECURING PROPERTY

IN ACCORD WITH §430-3, THIS INDIVIDUAL IS A NATURAL PERSON 21 YEARS OF AGE OR OLDER, LOCATED IN THE STATE OF NEW JERSEY, DESIGNATED BY OWNER (§430-1) TO ACCEPT SERVICE.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

E-mail Address: _____

SECTION 7: PROPER SIGNAGE

Is there a sign affixed to the property indicating the name, address & telephone number of the Owner and Owner's Authorized Agent? (§430-5)

YES NO

SECTION 8: CERTIFICATION

I, _____ on behalf of _____ hereby request to register the vacant property/building listed above and acknowledge that the information above is complete and accurate. In accordance with Chapter 430 of the Township of Bloomfield Code, I agree to notify any future owner of this vacant building registration. 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.

Applicant's Name (Printed)

Date

Applicant's Signature

State of _____

County of _____

On this the ____ day of _____, _____, before me, _____, the undersigned personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand.

Notary Public

My commission expires: