



Township of Maplewood

Division of Code Enforcement

574 Valley Street Maplewood, NJ 07040-2691
Telephone: (973) 762-8120 Fax: (973) 762-2894

VACANT PROPERTY REGISTRATION FORM

All vacant properties/buildings are required to register with the Township of Maplewood in accordance with (Property Vacant and Abandoned) of the Maplewood Code.

The registration and renewals shall be made in accordance with Township of Maplewood Ordinance #2891-18.

THE FEES PERTAINING TO ORDINANCE #2891-18

INITIAL REGISTRATION - \$500.00

1ST RENEWAL - \$1500.00 2ND RENEWAL - \$3000.00

SUBSEQUENT RENEWAL - \$5000.00

Please make all checks payable to the Township of Maplewood

APPLICATIONS REQUIRE THE FOLLOWING INFORMATION...

- Section 1** PROPERTY STATUS
- Section 2** VACANT PROPERTY INFORMATION
- Section 3** OWNER NAME AND CONTACT INFORMATION – (*In the case of partnership, the names and addresses of the partners shall be provided together with the phone numbers*).
- Section 4** MANAGING AGENT INFORMATION
- Section 5** CREDITOR’S APPLICABILITY (*are you a creditor or representing a creditor for the property*)
- Section 6** SIGNAGE VERIFICATION

All addresses must include full accurate street address: (*Please note: PO Box and like information are not acceptable*)

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

TOWNSHIP OF MAPLEWOOD VACANT PROPERTY REGISTRATION FORM

PROPERTY VACANT AS OF (MM/YYYY): _____

Section 1

Initial *Still Vacant (Renewal)* *No Longer Vacant (CO is required)* *Sold (CO is required)*

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

Section 2 **PROPERTY INFORMATION:**

PROPERTY ADDRESS: _____

BLOCK: _____ **LOT:** _____

Section 3 **OWNER INFORMATION:**

OWNER NAME: _____

MAILING ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

OWNER'S PHONE: (_____) _____

EMAIL ADDRESS: _____

IF THE OWNER IS A CORPORATION, PARTNERSHIP, LLC ETC., THE NAMES, ADDRESSES, & PHONE #'S OF THE PRINCIPALS ARE TO BE PROVIDED AS AN ATTACHMENT.

Section 4 **MANAGING AGENT:**

NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

EMAIL ADDRESS: _____

- As the agent you are authorized to receive notice on behalf of the owner*
- As the agent you are authorized to receive legal notice?*

If NO, fill in below the Individual authorized to receive legal notice

Section 5 **CREDITOR'S APPLICABILITY:**

CREDITOR NAME: _____

AGENT NAME: _____

ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____

EMAIL ADDRESS: _____

- If agent of the creditor you are authorized to receive notice on behalf of the owner*
- If agent of the creditor you are authorized to receive legal notice?*

If NO, fill in below the Individual authorized to receive legal notice

Section 6 **SIGNAGE:**

Is there a sign affixed to the property indicating the name, address, and telephone number of the owner and authorized agent (#2891-18)

- Yes
- No

Signature required below

I, _____ hereby request to register the vacant property/building listed above and acknowledge that the information above is complete and accurate. In accordance with Ordinance #2891-18, 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

RECEIVED BY _____

DATE _____

AMT PAID _____ **CHECK#** _____

CASH _____