BOROUGH OF ELMER 120 S. Main Street, P.O. Box 882 Elmer, NJ 08318 (856) 358 - 4010 phone (856) 358 - 8019 fax

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 9 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 OF 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 UNATTACHED ACCESSORY STRUCTURES AND DRIVEWAYS, ARE WELL MAINTAINED AND FREE FROM TRASH, DEBRIS, LITTER, GRASS AND OTHER VEGETATIVE GROWTH. THE BUILDING MUST BE SECURED FROM UNAUTHORIZED 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 9 of the Borough of Elmer Code Book for additional information and further details regarding property maintenance and vacant/abandoned properties.

Vacant/Abandoned Property Registration

Phone	The Borough of Elmer 120 S. Main Street, P.O. Box 88 Elmer, New Jersey 08318 Code Enforcement Office : 856-358-4010 ext. 13 or Fax: 856	
Property Address:		
Bloc	k:	Lot:
Owner's Information:		
Name:		
Street Address:		
City, State, Zip:		
Phone:		Cell:
Email Address:		
Emergency Contact or Res	sponsible Agent (24 HOURS A DA	Y) Located in New Jersey:
Name:		
Street Address:		
City, State, Zip:		
Phone:		Cell:
Email Address:		
Lender/Lien Holder/Mortga	age Company/Trustee:	
Name:		
Address:		
Phone:	Fax:	
Contact Name:		
Contact Phone (Direct Line)	: Ema	il:
Account No.:		

Homeowner's Insurance Information:

Name:					
Address:					
Phone:			_ Fax:		
Contact Name:					
Contact Phone (Direct L	_ine):		Email:		
Policy No.:					
Property Information:					
Total Number of Reside	ntial Units:		_ Number o	f Stories:	
1. Is the property: Vac	cant 🗌	Abandoned	Secure	Open & Acces	ssible 🗌
 Is the property curr doors boarded)? Y 	-		ired from unautho	prized entry (e.g.	windows/
3. Are the utilities ON c	or OFF:	Electric	Water	Gas _	
 Is there a sign (24" > number of the owne and management of 	r, owner's au	uthorized agent	and person respo		•
5. Is the property cover Yes No	red by a vali	d and current p	olicy of Homeown	er's Insurance?	
I CERTIFY THAT THE FOR THE FOREGOING STATEM UNDER THE PENAL SECTION	IENTS MADE	BY ME ARE WIL	LFULLY FALSE, I A	M SUBJECT TO PU	-
OWNER'S NAME (PRINTED	-	OWNER'S SIGN		DATE	
Date of Application:			Amount Paid:		
Check #:			Cash Receipt #:		
Insurance Certificate Prov	ided:				
Registration #:			Expires:		
Authorized Township signa	ature:				