Pittsgrove Township
989 Centerton Road
Pittsgrove, NJ 08318
(856) 358-2300

ANNUAL VACANT PROPERTY REGISTRATION STATEMENT FORM

(Please Print or Type)

REGISTRATION: Initial $500 _____ **First $1500** _____ **Second $3000** _____ **Subsequent $5000** _____
(Make check payable to the Township of Pittsgrove)

Property Address: _____

Block: _____ Lot: _____ (Each block and lot number shall be registered separately.)

PROPERTY OWNER

Name: _____

Street Address (No P.O. Boxes): _____

Telephone Number & E-mail: _____

AUTHORIZED AGENT

Contact Name: _____

Address (No P.O. Boxes): _____

Telephone & Fax Numbers: _____

E-mail: _____

PROPERTY DESCRIPTION

Total Number of Residential Units: _____ Number of Stories: _____

Property Acquirement Date: _____

1. Is the property: Vacant _____ Abandoned _____ Secure _____ Open & Accessible _____
2. Does the owner intend to restore the property to productive use and occupy within the next 12 months? Yes: _____ No: _____
3. Is the property currently enclosed and/or secured from unauthorized entry (windows/doors boarded)? Yes: _____ No: _____
4. Are the utilities ON or OFF? Electric _____ Water _____ Gas _____
5. Is a sign (minimum 8"x 10") 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: _____

Emergency Contact Name & Telephone Number: _____
(Person having the authority to act and respond to the needs of the registered property must be available 24 hours per day, 7 days per week.)

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 WILLINGLY FALSE, I AM SUBJECT TO PUNISHMENT UNDER THE PENAL SECTION OF THE PITTSGROVE TOWNSHIP PROPERTY MAINTENANCE ORDINANCE.

_____	_____	_____
OWNER'S NAME	OWNER'S SIGNATURE	DATE

TOWNSHIP USE ONLY

Date Rec'd. _____ Cash _____ Check _____ Check Number: _____