Borough of North Plainfield
263 Somerset Street
North Plainfield, New Jersey 07060
908 769-2915 or 2917 - Fax 908 769-6499

VACANT / ABANDONED / FORECLOSED PROPERTY REGISTRATION (BO 11-13, 11-14)

(Please Print or Type)
PROPERTY ADDRESS:_____Block:_____ Lot:_____

_____

PROPERTY OWNER: _____ PHONE: _____ EMAIL: _____

ADDRESS (NO P.O.BOXES): _____

LENDER/LIEN HOLDER/MORTGAGE COMPANY/TRUSTEE:

NAME: _____ PHONE: _____ FAX NUMBER: _____

ADDRESS (NO P.O. BOXES): _____

CONTACT NAME: _____ PHONE: _____

EMAIL: _____

PROPERTY MANAGEMENT COMPANY:

NAME:_____

ADDRESS (NO P.O. BOXES):_____

PHONE: _____ FAX: _____

CONTACT NAME: _____ PHONE: _____

EMAIL: _____

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 OCCUPANCY WITHIN THE NEXT 12 MONTHS? YES: _☐_ NO: _☐_
3. IS THE PROPERTY CURRENTLY ENCLOSED AND/OR SECURED FROM UNAUTHORIZED ENTRY? (E.G., WINDOWS/DOORS BOARDED?) YES: _____ NO: _____
4. ARE THE UTILITIES ON OR OFF?: ELECTRIC: _____ WATER: _____ GAS: _____

Is a sign (minimum 8"x10") affixed to the building specifying the name, address and phone number of the owner, owner's authorized agent and person responsible for daily supervision and management of the building? Yes: _____ No: _____

An emergency contact person, having the authority to act and respond to the needs of the registered property, must be available on a 24 hour per day, 7 day per week basis. Emergency Contact Name: _____ 24 Hour Phone: _____

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 UNDER THE PENAL SECTION OF THE BOROUGH OF NORTH PLAINFIELD PROPERTY MAINTENANCE ORDINANCE.

_____	_____	_____
OWNER'S NAME (PRINTED)	OWNER'S SIGNATURE	DATE

FOR OFFICE USE ONLY:

$2000.00 Vacant/Abandoned Yearly Fee: _____ $500.00 Foreclosure Yearly Fee _____

Date Paid: _____ Cash_____ Check_____ Check Number_____