TOWMSHIP OF HARDWICK
VACANT/ABANDONED PROPERTY REGISTRATION FORM
(Please Print or Type)

Block:_____ Lot: _____ Zone: _____

Property Address: _____

PROPERTY OWNER:

Name: _____

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

Telephone Number & Email:_____

LENDER/LIEN HOLDER/MORTGAGE COMPANY/CREDITOR/TRUSTEE:

Name: _____

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

Telephone Number & Fax Number_____

Contact Name, Telephone Number (Direct Line) & E-Mail:_____

(Note: Where a creditor is located out-of-State, the creditor must appoint an in-State representative or agent to act on their behalf. Please include the full name and contact information of the in-State representative or agent)

PROPERTY MANAGEMENT COMPANY:

Name: _____

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

Telephone Number & Fax Number_____

Contact Name, Telephone Number (Direct Line) & E-Mail:_____

Vacant and Abandoned Property Registration Fee Schedule

Registration:	**Fee**
Initial Registration Fee	$ 500.00 (See Sample Calculation Sheet)
First Annual Renewal	$1,500.00
Second Annual Renewal	$3,000.00
Subsequent Annual Renewal	$5,000.00 (Beyond the second renewal)

(Note: Checks can be made payable to Hardwick Township with a memo note indicating Vacant Property Registration Fee)

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 this property currently enclosed and/or secured from unauthorized entry (eg, windows/doors/boarded)? Yes _____ No _____
4. Are the utilities ON or OFF? Electric_____ Water _____ Gas_____
5. Is a sign (minimum 8"x10") 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 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 days per week basis.

Emergency Contact Name & 24 Hour Telephone Number: _____

I CERTIFY THAT THE FOREGOING STATEMENT 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 VIOLATION AND PENALTY SECTION OF THIS MAINTENANCE ORDINANCE.

_____	_____	_____
Owner's name (printed)	Owner's Signature	Date

Below is for Township Use

_____ _____
Municipal Official's Signature *Date Received*

_____ **Fee** (Payable to Hardwick Township)

_____ **Check Number** (Personal, Certified or Money Order)

_____ **Registration Number** (Assigned by the Township)

Please Note: The Creditor shall notify the municipal clerk within thirty (30) days of any changes in the registration information as detailed on this form.

Attn: Municipal Clerk OR Zoning Officer, Hardwick Township, 40 Spring Valley Road, Hardwick, NJ 07825
Phone: 908-362-6528 / Fax: 908-362-8840

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