Fire Department
Fire Prevention Bureau
375 Franklin Street
Bloomfield, New Jersey 07003-3487

Telephone:
973-680-4153
Fax:
973-680-4165

Township of Bloomfield
§430 REGISTRATION FORM

INSTRUCTIONS

- All properties/buildings under foreclosure and/or determined to be vacant or abandoned must register with the Township of Bloomfield in accordance with Chapter 430 (Vacant/Abandoned Properties) of the Bloomfield Code.

- Please complete this form for each property.

- **The registration and renewals shall be made in accordance with §430.** Please make checks payable to the **Township of Bloomfield**.

Fee Schedule (§430-4)

FORECLOSURE: $500.00 ANNUALLY

VACANT PROPERTY: $2000.00 ANNUALLY

SECTION 1: ADDRESS OF VACANT PROPERTY/BUILDING

Street Address: _____

Block: _____ Lot: _____

Is the above referenced property in foreclosure? ☐ YES ☐ NO

If yes, please provide the Foreclosure Docket Number: _____

SECTION 2: PURPOSE OF FORM (Check Appropriate Boxes)

☐ FORECLOSURE ☐ VACANT

☐ INITIAL ☐ RENEWAL ☐ STATUS CHANGE/DEREGISTRATION

If this is a Status Change or Deregistration, please provide the reason, and attach any relevant documentation:

_____

_____

_____

SECTION 3: PROPERTY OWNER INFORMATION *(No P.O. Boxes are permitted)*

Property Owner's Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone No.:_____ Fax No.:_____

E-mail Address: _____

SECTION 4: REGISTRANT INFORMATION *(No P.O. Boxes are permitted)*

Registrant Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone No.:_____ Fax No.:_____

E-mail Address: _____

Is the Registrant a Creditor? ☐ *YES* ☐ *NO*

Does the Registrant have an Agent? ☐ *YES* ☐ *NO (If NO, continue with Section 5)*

Agent of Registrant (Company):_____

Agent of Registrant (Name of Individual):_____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone No.:_____ Fax No.:_____

E-mail Address: _____

SECTION 5: INDIVIDUAL AUTHORIZED FOR SERVICE *(No P.O. Boxes are permitted)*

IN ACCORD WITH THE BLOOMFIELD CODE THIS INDIVIDUAL IS A NATURAL PERSON 21 YEARS OF AGE OR OLDER, LOCATED IN THE STATE OF NEW JERSEY, DESIGNATED BY REGISTRANT TO ACCEPT SERVICE.

Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone No.:_____ Fax No.:_____

E-mail Address: _____

SECTION 6: PROPER SIGNAGE

Is there a sign affixed to the property indicating the name, address & telephone number of the Owner and Owner's Authorized Agent? (§430-5B)

☐ YES ☐ NO

SECTION 7: INSURANCE

Insurance as required by §430-5(E) is attached hereto.

☐ YES ☐ NO

SECTION 8: CERTIFICATION

I, _____ on behalf of _____
hereby request to register the above listed property as either a foreclosing property or vacant building and acknowledge that the information above is complete and accurate. In accordance with Bloomfield Code, I agree to notify any future owner of this foreclosure or 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
State of _____

County of _____

On this the _____ day of _____, _____, before me, _____, the undersigned personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand.

_____
Notary Public

My commission expires: