



Township of Independence
286B Route 46. P.O. Box 164
Great Meadows, NJ 07838
zoning@independencenj.com
908-637-4133 x 19

FORECLOSURE REGISTRATION AND VACANT / ABANDONED PROPERTY REGISTRATION FORM

BLOCK: _____ LOT: _____

PROPERTY ADDRESS: _____

PROPERTY OWNER NAME: _____

Address (No P.O. Boxes): _____

Telephone Number & Email: _____

LENDER/LIEN HOLDER/MORTGAGE COMPANY/ TRUSTEE:

Name: _____

Address (No P.O. Boxes): _____

Telephone Number and Fax Number: _____

Contact, Telephone # (Direct Line) & Email _____

PROPERTY MANAGEMENT COMPANY:

Name: _____

Address (No P.O. Boxes): _____

Telephone Number and Fax Number: _____

Contact, Telephone # (Direct Line) & Email: _____

DATE OF FORECLOSURE ACTION: _____ ANNUAL REGISTRATION FEE: \$500

DATE PROPERTY BECOMES VACANT / ABANDONED _____ ANNUAL VAP FEE: \$2000

PROPERTY DESCRIPTION:

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

1. Is the property: ☐ Vacant ☐ Abandoned: ☐ Secure: ☐ Open & Accessible:
2. Does the owner intend to restore the property to productive use and occupy in 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 ☐ 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 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 & Telephone Number: _____

Owner's Name _____

Owner's Signature _____

Date _____

I hereby certify that the foregoing information and statements made by me are true. I am aware that if any of the foregoing information or statements made by me are willfully false, I am subject to punishment under the "violations and penalties" provision of the vacant property registration ordinance.

OFFICE USE ONLY:

☐ Annual Registration Fee: \$500.00

☐ Annual Vacant and Abandoned Fee: \$2,000.00

Date Paid: _____ ☐ Cash ☐ Check Check Number: _____