



Township of Montclair Fire Department  
Division of Code Enforcement &  
Housing and Property Maintenance  
205 Claremont Avenue, Montclair, NJ 07042



**VACANT PROPERTY REGISTRATION FORM**

**INSTRUCTIONS**

- All vacant properties/buildings must register with the Township of Montclair in accordance with Chapter 249 (Property, Vacant and Abandoned) of the Montclair Code.
- Please complete this form for each vacant property.
- **The registration and renewals shall be made in accordance with §249.** Please make checks payable to the **Township of Montclair**. The vacant property registration payment included with this form pertains to the current period of vacancy.

**Fee Schedule (§249-4)**

<b>Initial Registration:</b>	<b>\$500</b>	<b>Second Renewal:</b>	<b>\$3000</b>
<b>First Renewal:</b>	<b>\$1500</b>	<b>Subsequent Renewals:</b>	<b>\$5000</b>

**SECTION 1: ADDRESS OF VACANT PROPERTY/BUILDING**

Street Address: \_\_\_\_\_

Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Ward: \_\_\_\_\_

**SECTION 2: PURPOSE OF FORM (Select One)**

- INITIAL                       RENEWAL                       STATUS CHANGE

**If this is a Status Change, 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: \_\_\_\_\_

*\* \* If the Property Owner has an Agent, complete the rest of Section 3. \* \**

**Agent of Owner (Company):** \_\_\_\_\_

**Agent of Owner (Name of Individual):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

AS THE AGENT OF OWNER, ARE YOU AUTHORIZED TO RECEIVE NOTICE ON BEHALF OF THE OWNER?

YES       NO

AS THE AGENT OF THE OWNER, ARE YOU AUTHORIZED TO RECEIVE LEGAL NOTICE?

YES       NO *(If NO, fill in below the Individual authorized to receive legal notice)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**SECTION 4: CREDITOR APPLICABILITY**

ARE YOU A CREDITOR OR REPRESENTING A CREDITOR?

YES       NO *(If NO, skip ahead to Section 5).*

**Creditor's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*\* \* If the Creditor has an Agent, complete the rest of Section 4. \* \**

**Agent of Creditor (Company):** \_\_\_\_\_

**Agent of Creditor (Name of Individual):** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

AS AGENT OF THE CREDITOR, ARE YOU AUTHORIZED TO RECEIVE NOTICE ON BEHALF OF THE CREDITOR?

YES       NO

AS AGENT OF THE CREDITOR, ARE YOU AUTHORIZED TO RECEIVE LEGAL NOTICE?

YES       NO *(If NO, fill in below the Individual authorized to receive Legal Notice)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**SECTION 5: PROPER SIGNAGE**

**IS THERE A SIGN AFFIXED TO THE PROPERTY INDICATING THE NAME, ADDRESS & TELEPHONE NUMBER OF THE OWNER AND OWNER'S AUTHORIZED AGENT? (§249-5B)**

YES

NO

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**SECTION 6: CERTIFICATION**

I, \_\_\_\_\_ hereby request to register the vacant property/building listed above and acknowledge that the information above is complete and accurate. In accordance with Chapter 249 of the Montclair Code, I agree to notify any future owner of this 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: