

## Township of Montclair Fire Department Division of Code Enforcement, Housing and Property Maintenance

205 Claremont Avenue, Montclair, NJ 07042 Office: (973) 509-5703, Fax: (973) 509-9589 CodeEnf@montclairnjusa.org

### VACANT PROPERTY FEE ABEYANCE REGISTRATION FORM

#### **INSTRUCTIONS**

- PLEASE COMPLETE THIS FORM FOR EACH VACANT PROPERTY.
- VACANT PROPERTY REGISTRATION AND RENEWALS SHALL BE MADE IN ACCORDANCE WITH TOWNSHIP ORDINANCE §249.
- VACANT PROPERTY FEE ABEYANCE IS ONLY GRANTED UPON APPROVAL.

### **Township of Montclair Ordinance §249-2**

- E. Any Owner of vacant property who intends to restore the property to occupancy following the initial registration shall file a detailed plan for restoration of the property to habitable condition on a form issued by the Code Enforcement together with an amended registration statement.
  - a. During the restoration period, the Owner shall be exempt for a period of twelve months from payment of the vacant property registration fee(s) as long as the property is being actively restored but shall comply with all other laws, regulations and municipal ordinances. Exception will terminate if the restoration activity ceases.
  - b. In the event the property has not been approved for occupancy at the end of the twelve-month period, the owner shall be liable for any fees waived. The Fire Chief or his designee may extend the waiver of the registration fee for not more than one additional twelve-month period in response to a written request, prior to the expiration of the initial twelve-month period, by the property owner where the Fire Chief or his designee finds compelling conditions existed outside the owner's control which inhibited the owner from restoring the property within the initial twelve-month period.

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

Street Address:			
Block:	Lot:		

# SECTION 2: PROPERTY OWNER INFORMATION (No P.O. Boxes are permitted)

Property Owner's Name:				
Address:				
City:		Zip Code:		
Telephone No.:				
E-mail Address:				
SECTION 3: DETAILED PLAN FO	OR REHABILITATION			
Construction Start Date:				
<b>Anticipated Construction End Date</b>	:			
Are Zoning Variances Required:				
Permits to be Applied For:				
Scope of Renovations (i.e. total gut,	electrical, plumbing, kitche	n, bathroom, etc.):		
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# **SECTION 4: CERTIFICATION**

I,	on behalf of
information above is complete and Code, I agree to notify any future	nt property/building listed above and acknowledge that the accurate. In accordance with Chapter 249 of the Montclair owner of this vacant building registration. I certify that the e true. I am aware that if any of the foregoing statements made ct to punishment.
Applicant's Name (Printed)	Date
Applicant's Signature	
State of	
County of	
undersigned personally appeared _	
Notary Public	
My commission expires:	
SECTION 5: APPROVAL	
APPROVED BY (PRINTED NAME):	
DATE OF ABEYANCE:	
ABEYANCE EXPIRATION DATE:	