



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

PROPERTY REGISTRATION FORM

INSTRUCTIONS

- All properties/buildings under foreclosure and/or vacant or abandoned 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 property.
The registration and renewals shall be made in accordance with §249. Please make checks payable to the Township of Montclair.

Fee Schedule

FORECLOSURE: \$500.00 ANNUALLY

VACANT PROPERTY: \$2000.00 ANNUALLY

SECTION 1: ADDRESS OF VACANT PROPERTY/BUILDING

Street Address: _____

Block: _____ Lot: _____ Ward: _____

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:

Three horizontal lines for providing reasons and 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 MONTCLAIR 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? (§249-5B)

YES NO

SECTION 7: INSURANCE

Insurance as required by §249-5(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 Montclair 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: