



**TOWNSHIP OF MEDFORD
PLANNING & ZONING OFFICE**

49 Union Street
Medford, New Jersey 08055

VACANT, ABANDONED &/OR FORECLOSED

PROPERTY REGISTRATION

INSURANCE CERTIFICATE MUST ACCOMPANY THE REGISTRATION FORM.

Registration shall remain valid for one year from the date of registration, except for the initial registration. The owner or lender shall be required to renew the registration annually as long as the building remains a vacant and/or abandoned property.

Homeowner's Insurance Certificate shall be provided at time of initial registration and upon each renewal of the Insurance Coverage.

BE ADVISED THAT IN ADDITION TO OTHER RESPONSIBILITIES, OWNERS AND LENDERS OF VACANT/ABANDONED/FORECLOSED PROPERTIES ARE RESPONSIBLE FOR CONTINUOUS PROPERTY MAINTENANCE, WHICH INCLUDES BUT IS NOT LIMITED TO, ENSURING THAT THE EXTERIOR GROUNDS OF THE STRUCTURE, INCLUDING YARDS, FENCES, SIDEWALKS, WALKWAYS, RIGHT OF WAYS, ALLEYS, RETAINING WALLS AND ATTACHED OR UNATTACHED ACCESSORY STRUCTURES AND DRIVEWAYS, ARE WELL MAINTAINED AND FREE FROM TRASH, DEBRIS, LITTER, GRASS AND OTHER VEGETATIVE GROWTH. THE BUILDING MUST BE SECURED FROM UNAUTHORIZED ENTRY, AND A SIGN IDENTIFYING THE RESPONSIBLE PARTIES MUST BE PROMINATELY AFFIXED.

FAILURE TO COMPLY WITH THESE STANDARDS WILL RESULT IN ENFORCEMENT ACTION AND PENALTIES AGAINST THE OWNER.

Refer to Chapter 53 of the Township of Medford Administrative Code, as amended by Ordinance 2014-14 by the Medford Township Council for additional information and further details regarding property maintenance and vacant/abandoned/foreclosed properties.

The Township of Medford Administrative Code is available online at
www.medfordtownship.com/planningzoning.



Vacant/Abandoned/Foreclosed Property Registration

Township of Medford
Planning & Zoning Office
49 Union Street
Medford, New Jersey 08055
609-654-2608 x315

Property Address: _____

Block: _____ Lot: _____

Owner's Information:

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Email Address: _____

Emergency Contact or Responsible Agent (24 HOURS A DAY) Located in New Jersey:

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____

Email Address: _____

Lender/Lien Holder/Mortgage Company/Trustee:

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____

Contact Phone (Direct Line): _____ Email: _____

Account No: _____

Homeowner's Insurance Information:

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____

Contact Phone (Direct Line): _____ Email: _____

Policy No: _____

Property Information:

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

1. Is the property: Vacant Abandoned Secure Open & Accessible
2. Is the property currently enclosed and/or secured from unauthorized entry (e.g., windows/doors boarded)? Yes No
3. Are the utilities ON or OFF? Electric _____ Water _____ Gas _____
4. Is there a sign (24" x 24") 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 the building? Yes No
5. Is the property covered by a valid and current policy of Homeowners' Insurance?
Yes No

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 UNDER THE PENAL SECTION OF SECTION 53-3 OF THE CODE OF THE TOWNSHIP OF MEDFORD.

OWNER'S NAME (PRINTED)

OWNER'S SIGNATURE

DATE

Date of Application: _____

Insurance Certificate Provided: _____

Registration #: _____

Expires: _____

Authorized Township Signature: _____