DEPARTMENT OF PLANNING, ZONING & CODE ENFORCEMENT



49 Union Street · Medford · NJ 08055

PHONE: 609-654-2608 x 324

ABANDONED/VACANT/FORECLOSED PROPERTY REGISTRATION

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 ABANDONED/VACANT/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 for additional details regarding property maintenance and abandoned/vacant/foreclosed properties. https://ecode360.com/41581238

Per Section § 53-15, the fee schedule is as follows:

- A. The initial registration fee for an abandoned property shall be \$500 and shall be prorated for registration statements received less than 10 months prior to the due date.
- B. Vacant property registration fee schedule.
 - (1) Initial registration: \$500.
 - (2) First renewal: \$1,000.
 - (3) Second subsequent renewal: \$2,500.
 - (4) Any subsequent renewal: \$5,000.
- C. Registration fee schedule for creditor of residential or commercial properties.
 - (1) Initial Registration: \$500 per property that is required to be registered because a summons and complaint in an action to foreclose was filed.
 - (2) An additional \$2,000 per property if the property is vacant and abandoned when the summons and complaint in an action to foreclose is filed, or becomes vacant and abandoned at any time thereafter.



Township of Medford Department of Planning & Code Enforcement 49 Union Street Medford, New Jersey 08055-2432

ABANDONED/VACANT/FORECLOSED PROPERTY REGISTRATION

| Property Address: | | |
|----------------------------|--------------------------------|---------------------------------|
| | Block: | _Lot: |
| Owner's Information | <u>ı:</u> | |
| Name: | | |
| Street Address: | | |
| City, State, Zip: | | |
| Phone: | | Cell: |
| Email Address: | | |
| Emergency Contact | or Responsible Agent (24 HOURS | S A DAY) Located in New Jersey: |
| Name: | | |
| Street Address: | | |
| City, State, Zip: | | |
| Phone: | | Cell: |
| Email Address: | | |
| <u>Lender/Lien Holder/</u> | Mortgage Company/Trustee: | |
| Name: | | |
| Address: | | |
| Phone: | | Fax: |
| Contact Name: | | |
| Contact Phone (Direc | t Line): | Email: |
| Account No: | | |

Township of Medford, NJ Abandoned/Vacant/Foreclosed Property Registration Page 2

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: |
| Is the property currently enclosed a windows/doors boarded)? Yes No. Are the utilities ON or OFF? Ele Is there a sign (24" x 24") affixed to telephone number of the owner, owner's supervision and management of the buils the property covered by a valid and cryes No. INSURANCE CERTIFICATE INTERPRETATION OF THE FOREGOING STATEM THAT IF ANY OF THE FOREGOING STATEM | ectric Water Gas the building specifying the name, address and authorized agent and person responsible for daily |
| OWNER'S NAME (PRINTED) OWNER'S | |
| OFFICE USE ONLY | |
| Date of Application: | |
| Insurance Certificate Provided: | |
| Registration #: | Expires: |
| Amount Paid: \$ Check #: | Dated: |
| Authorized Township Signature: | |