



CITY OF SALEM

VACANT PROPERTY REGISTRATION FORM

17 New Market Street • Salem, NJ 08079
Office #856.935.5510 ext. 209 • Fax # 856.935.6360
Attn: Carol Wright – Zoning Officer



Property Information:

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

City/State/Zip: \_\_\_\_\_

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

Vacant property registration fee schedule

- Initial registration \$ 500.00
First Renewal \$1,000.00
Second Renewal \$2,000.00
Any Subsequent Renewal \$3,000.00

Owner or Mortgage Company Contact Information

Company Name: \_\_\_\_\_ Name of Representative: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Property Management Company/Emergency Contact Information

Please designate below the entity that will serve as the 24-hour primary contact; responsible for any security, maintenance or other issues regarding property. No P.O. Boxes

Company Name: \_\_\_\_\_ Name of Representative: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

In-State Representative Contact Information

Please designate below the entity that will serve as the In-State representative as mandated by N.J.S.A. 40:48 2.12s.

Company Name: \_\_\_\_\_ Name of Representative: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I certify, by my signature below, that the property was inspected for security and maintenance and has been found to be in compliance as described in the City of Salem Ordinance #1605 and found to be vacant on (Date): \_\_\_\_\_

An annual registration fee must accompany this registration form. The fee and registration shall be valid for the calendar year in which the registration was initially required. Subsequent registrations and fees must be received no later than June 30th of the year due; violator(s) of any section or subsection of this ordinance shall be subject to prosecution as outlined in Ordinance #1605. Please complete this form and mail it along with a check in the appropriate amount payable to the "City of Salem" and mail to: City of Salem, Attn: Carol Wright Zoning Officer, 17 New Market Street, Salem, NJ 08079.

By my signature below, I certify that I am the mortgagor, mortgagee, owner, trustee or responsible party of the aforementioned property and that the above information is true and correct to the best of my knowledge. I agree to promptly advise the City of Salem, Inspections and Permits Department should any information change from that which was originally submitted on this form. I understand that erroneous, misleading or false information, as well as, any willful misstatement of material fact, may be grounds for fines, liens, enforcement penalties or placement of property on the City of Salem Abandoned Property List.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only

Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Check/M.O #: \_\_\_\_\_