CITY OF SALEM

VACANT PROPERTY REGISTRATION FORM

125 West Broadway• Salem, NJ 08079
Office #856.935.0372 ext.204• Fax#856.935.4095
Attn: Sean M. Brown - 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 complying 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 it to: City of Salem, Attn: Sean M. Brown Zoning Officer, 125 West Broadway, Salem, NJ 08079,

By my signature below, I certify that I am the mortgagor, mortgagee, owner, trustee or responsible party of the 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. #:** _____