



Department of Code Enforcement  
Housing & Property Maintenance Division  
Andrae T. King Chief Housing Insp/ Division Manager  
200 South Street, P.O Box 914, Morristown, NJ 07963  
Tel: 973-292-6700 Fax: 973-292-6729  
[www.townofmorristown.org](http://www.townofmorristown.org)

## VACANT PROPERTY REGISTRATION STATEMENT

AS REQUIRED PURSUANT TO TOWN ORDINANCE O-23-2015

Registration is valid until the end of the calendar year and must be renewed annually by January 1st.

Initial Registration \$500    1st Renewal \$1000    2nd Renewal \$2000    Subsequent Renewals \$3500

Please make check or money order payable to "Town of Morristown"

### PROPERTY LOCATION & OWNERSHIP INFORMATION:

Property Address: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_ Owner(s) Phone #: \_\_\_\_\_

Owner(s) Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_

### PROPERTY DESCRIPTION/ADDITIONAL INFORMATION:

Total # of Residential Units: \_\_\_\_\_ Total # of Commercial or Non-Residential Units: \_\_\_\_\_

Does "owner" intend to restore property to productive use and occupancy in the next 12 months? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has a foreclosure proceeding been initiated against this property? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "Yes", provide the filing date of the summons and complaint to foreclose: \_\_\_\_\_

### PROOF OF INSURANCE AS PER 13-14.7 (ATTACH PROOF OF INSURANCE)

Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Date Property Vacant: \_\_\_\_\_

**AUTHORIZED AGENT:** must be a natural person 21 years of age or older designated by the owner(s) to receive notices of code violations and to receive process in any court proceeding or administrative enforcement proceeding on behalf of such owner(s) in connection with the enforcement of any applicable code. Agent must maintain an office or residence in NJ and have a contact number that will be available 24 hours for emergencies.

Name: \_\_\_\_\_

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

Phone # (daytime): \_\_\_\_\_ Phone # (evening): \_\_\_\_\_ Email: \_\_\_\_\_

### PERSON RESPONSIBLE FOR MAINTAINING AND SECURING PROPERTY: (if different from the authorized agent)

Name: \_\_\_\_\_

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

Phone # (daytime): \_\_\_\_\_ Phone # (evening): \_\_\_\_\_ email: \_\_\_\_\_



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**REQUIREMENTS - ANSWER "YES" OR "NO" TO THE FOLLOWING QUESTIONS:**

1. Has a sign, no smaller than 18" x 24" in size, indicating the name, address and telephone number of the (1) owner; (2) owner's authorized agent (if designated); and (3) person responsible for the day-to-day supervision and management of the building, been affixed to the building and placed in a location so as to be legible from the nearest public street or sidewalk? \_\_\_\_\_
2. Has water\*, electric and gas utility services been discontinued? \_\_\_\_\_ (\*other than buildings with a fire sprinkler system)
3. Is the building winterized? \_\_\_\_\_
4. Is the building secured against unauthorized entry? \_\_\_\_\_
5. Have provisions been made for the cessation of the delivery of mail, newspapers and circulars? \_\_\_\_\_
6. Have provisions been made to ensure appropriate maintenance of the grounds, landscape and exterior of the property? \_\_\_\_\_

**OWNER/AUTHORIZED AGENT CERTIFICATION**

I, the undersigned hereby affirm that I am the owner or Authorized Agent designated to act on behalf of the owner for the above-described property and that all information is true and correct to the best of my knowledge, and belief.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Initial Fee \$ \_\_\_\_\_  Cash  Check #: \_\_\_\_\_  Money Order#: \_\_\_\_\_  
Receipt #: \_\_\_\_\_

\_\_\_\_\_  
Administratively Received by (print)

\_\_\_\_\_  
Date Stamp Received