

Fire Department  
Fire Prevention Bureau  
375 Franklin Street  
Bloomfield, New Jersey 07003-3487



Telephone:  
973-680-4153  
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973-680-4165

## Township of Bloomfield §430 REGISTRATION FORM

### INSTRUCTIONS

- All properties/buildings under foreclosure and/or determined to be vacant or abandoned must register with the Township of Bloomfield in accordance with Chapter 430 (Vacant/Abandoned Properties) of the Bloomfield Code.
- Please complete this form for each property.
- **The registration and renewals shall be made in accordance with §430.** Please make checks payable to the Township of Bloomfield.

### Fee Schedule (§430-4)

**FORECLOSURE: \$500.00 ANNUALLY**

**VACANT PROPERTY: \$2000.00 ANNUALLY**

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### SECTION 1: ADDRESS OF VACANT PROPERTY/BUILDING

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

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

Is the above referenced property in foreclosure?  YES  NO

If yes, please provide the Foreclosure Docket Number: \_\_\_\_\_

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### SECTION 2: PURPOSE OF FORM (Check Appropriate Boxes)

FORECLOSURE  VACANT

INITIAL  RENEWAL  STATUS CHANGE/DEREGISTRATION

**If this is a Status Change or Deregistration, please provide the reason, and attach any relevant documentation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3: PROPERTY OWNER INFORMATION** (No P.O. Boxes are permitted)

Property Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**SECTION 4: REGISTRANT INFORMATION** (No P.O. Boxes are permitted)

Registrant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Is the Registrant a Creditor?  YES  NO

Does the Registrant have an Agent?  YES  NO (If NO, continue with Section 5)

Agent of Registrant (Company): \_\_\_\_\_

Agent of Registrant (Name of Individual): \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**SECTION 5: INDIVIDUAL AUTHORIZED FOR SERVICE** (No P.O. Boxes are permitted)

*IN ACCORD WITH THE BLOOMFIELD CODE THIS INDIVIDUAL IS A NATURAL PERSON 21 YEARS OF AGE OR OLDER, LOCATED IN THE STATE OF NEW JERSEY, DESIGNATED BY REGISTRANT TO ACCEPT SERVICE.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**SECTION 6: PROPER SIGNAGE**

Is there a sign affixed to the property indicating the name, address & telephone number of the Owner and Owner's Authorized Agent? (§430-5B)

YES  NO

**SECTION 7: INSURANCE**

Insurance as required by §430-5(E) is attached hereto.

YES       NO

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**SECTION 8: CERTIFICATION**

I, \_\_\_\_\_ on behalf of \_\_\_\_\_ hereby request to register the above listed property as either a foreclosing property or vacant building and acknowledge that the information above is complete and accurate. In accordance with Bloomfield Code, I agree to notify any future owner of this foreclosure or vacant building registration. 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.

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_, the undersigned personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand.

\_\_\_\_\_  
Notary Public

My commission expires: