



BOROUGH OF ANDOVER

137 Main Street

Andover, New Jersey 07821

973-786-6688 – office 973-786-7231 – fax

www.andoverboroughnj.org

VACANT/ABANDONED PROPERTY REGISTRATION FORM

The Borough of Andover requires owners of Vacant and Abandoned Properties to register with our Zoning Enforcement Department and comply with the "Registration and Maintenance of Vacant and Abandoned Residential Properties".

Effective July 10, 2017, Section 104-14.2 of the Andover Borough Code requires the owner of any vacant and abandoned property to register within thirty (30) days after the building becomes vacant and abandoned or within thirty (30) days after assuming ownership of a vacant and abandoned property. The registration shall remain valid for one (1) year from the date of registration except for the initial registration, which shall be valid through December 31st of the year in which it was filed. The annual renewal shall be completed by January 1st of each year the property remains vacant and abandoned.

Initial Registration Fee \$500.00 - 1st Annual Renewal Fee \$1,500.00
2nd Annual Renewal Fee \$3,000.00 - Subsequent Annual Renewal Fee \$5,000.00

- * The owner shall notify the Municipal Clerk within thirty (30) days of any change in the registration information by filing an amended registration statement on a form provided by the Municipal Clerk for such purpose.
- * The registration statement shall be deemed prima facie proof of the statement therein contained in any administrative enforcement proceeding or court proceeding instituted by the Township against the Creditor.
- * The owner shall be required to renew the registration annually as long as the property remains vacant.

Date: _____ Registration Type: Initial: _____ Renewal: 2nd: _____ 3rd: _____ Subseq: _____

Block: _____ Lot: _____ PROPERTY ADDRESS: _____

Name & Address of Property Owner: _____

Phone Number: _____ Email: _____

Name & Address of Responsible Party (if different from above & must be an in-State representative):

Phone Number (must be accessible 24 hours/day, 7 days/week): _____

Signature: _____ Print Name: _____

Office Use Only:

Initial Registration: _____

Fee Paid: _____

1st Annual Renewal: _____

Collected By: _____

2nd Annual Renewal: _____

Date: _____

Subsequent Annual Renewal: _____