

**TOWNSHIP OF LOGAN**  
**125 Main Street, P.O. Box 314**  
**Bridgeport, NJ 08014**  
**(856) 467-3424**

**VACANT/ABANDONED PROPERTY REGISTRATION**

**REGISTRATION FEE AND INSURANCE CERTIFICATE MUST ACCOMPANY THE  
REGISTRATION FORM.**

Registration shall remain valid for one year from the date of registration, except for the initial registration. The owner or lender shall be required to renew the registration annually as long as the building remains a vacant and/or abandoned property, and shall pay a registration or renewal fee in the amount prescribed in Chapter 148 for each vacant property registered.

The annual renewal shall be completed by January 1<sup>st</sup> each year.

**The initial registration fee for each building shall be \$500.00, and shall be pro-rated after October 1<sup>st</sup>. Homeowner's Insurance Certificate shall be provided at time of initial registration and upon each renewal.**

**BE ADVISED THAT IN ADDITION TO OTHER RESPONSIBILITIES, OWNERS AND LENDERS OF VACANT/ABANDONED PROPERTIES ARE RESPONSIBLE FOR CONTINUOUS PROPERTY MAINTENANCE, WHICH INCLUDES BUT IS NOT LIMITED TO, ENSURING THAT THE EXTERIOR GROUNDS OF THE STRUCTURE, INCLUDING YARDS, FENCES, SIDEWALKS, WALKWAYS, RIGHT OF WAYS, ALLEYS, RETAINING WALLS AND ATTACHED OR UNATTACHED ACCESSORY STRUCTURES AND DRIVEWAYS, ARE WELL MAINTAINED AND FREE FROM TRASH, DEBRIS, LITTER, GRASS AND OTHER VEGETATIVE GROWTH. THE BUILDING MUST BE SECURED FROM UNAUTHORIZED ENTRY, AND A SIGN IDENTIFYING THE RESPONSIBLE PARTIES MUST BE AFFIXED. FAILURE TO COMPLY WITH THESE STANDARDS WILL RESULT IN ENFORCEMENT ACTION AND PENALTIES AGAINST THE OWNER.**

Refer to Chapter 148 of the Township of Logan Code Book for additional information and further details regarding property maintenance and vacant/abandoned properties.

The Township of Logan Code Book is available online at [www.logan-twp.org](http://www.logan-twp.org).

**Vacant/Abandoned Property Registration**

The Township of Logan  
125 Main Street, P.O. Box 314  
Bridgeport, New Jersey 08014  
Code Enforcement Office  
Phone: (856) 467-3626; Fax: (856) 467-9260

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

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

**Owner's Information:**

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Emergency Contact or Responsible Agent (24 HOURS A DAY) Located in New Jersey:**

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

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

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Lender/Lien Holder/Mortgage Company/Trustee:**

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact Phone (Direct Line): \_\_\_\_\_ Email: \_\_\_\_\_

Account No.: \_\_\_\_\_

**Homeowner's Insurance Information:**

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact Phone (Direct Line): \_\_\_\_\_ Email: \_\_\_\_\_

Policy No.: \_\_\_\_\_

**Property Information:**

Total Number of Residential Units: \_\_\_\_\_ Number of Stories: \_\_\_\_\_

1. Is the property: Vacant  Abandoned  Secure  Open & Accessible

2. Is the property currently enclosed and/or secured from unauthorized entry (e.g. windows/doors boarded)? Yes  No

3. Are the utilities ON or OFF: Electric \_\_\_\_\_ Water \_\_\_\_\_ Gas \_\_\_\_\_

4. Is there a sign (24" x 24") affixed to the building specifying the name, address and telephone number of the owner, owner's authorized agent and person responsible for daily supervision and management of the building? Yes  No

5. Is the property covered by a valid and current policy of Homeowner's Insurance?  
Yes  No

**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 UNDER THE PENAL SECTION OF CHAPTER 148 OF THE CODE OF THE TOWNSHIP OF LOGAN.**

\_\_\_\_\_  
**OWNER'S NAME (PRINTED)                      OWNER'S SIGNATURE                      DATE**

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Date of Application: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash Receipt #: \_\_\_\_\_

Insurance Certificate Provided: \_\_\_\_\_

Registration #: \_\_\_\_\_ Expires: \_\_\_\_\_

Authorized Township signature: \_\_\_\_\_