

BOROUGH OF HIGHLANDS, N. J.

INCORPORATED 1900
42 SHORE DRIVE
HIGHLANDS, NJ 07732



HISTORIC "TWIN LIGHTS"

Vacant Property Registration Form

Please complete this form for each vacant property and submit the notarized application(s) with the appropriate fee (Section IV below). All information is required. Incomplete applications will be returned.

Section I: Address of vacant property

Street address: _____

Block: _____ Lot: _____

Section II: Property owner information

(Post Office boxes (P.O.) are not permitted; Street address only)

Property owner: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Fax No: _____

Email Address: _____

Designated agent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Fax No: _____

Email Address: _____

Partnership, Corporation, Trust or Other, please complete the following:

(Please use separate sheet to list additional partners, officer, or trustee)

Tax ID Number of Partnership or Corporation: _____

Name of Partnership or Corporation: _____

Contact Person: _____

or designated agent: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Fax No: _____

Email Address: _____

Section III: Local Agent/Property Manager (If owner is outside of the local area)

Please list any additional information needed necessary to contact this person for interior and exterior inspections.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Fax No: _____

Email Address: _____

Section IV: Fees

Initial Registration:	<u>\$500.00</u> If not paid within six (6) months of the date required by Ordinance Section 10-13.2, the registration fee shall increase to <u>\$1000.00</u> .
First Renewal:	<u>\$1500.00</u>
Second Renewal:	<u>\$3000.00</u>
Any subsequent Renewal:	<u>\$5000.00</u>

Section V: Proof of Liability Insurance

Please include a copy of the insurance certificate showing liability for no less than \$300,000.00 for residential structures with one to four units and no less than \$1,000,000.00 for more than four family residential units, manufacturing, storage, and commercial uses.

Name of Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No: _____ Fax No: _____

Email Address: _____

I, _____, hereby request to register the vacant property/building listed above and acknowledge that the information is complete and accurate according to the Borough of Highlands Ordinance Chapter X "Buildings and housing". I also agree to notify the Borough to any changes in ownership to this property.

Applicant's signature

Date

Please print name

Subscribed and duly sworn before me according to the law, by the above-named applicant this day:

Date

(Seal)

Notary Signature

Print