Karen Lukenda
President

City of Linden

Union County, New Jersey
BOARD OF HEALTH
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PUBLIC HEALTH NURSES
908-474-8411

VACANT PROPERTY REGISTRATION FORM

(Mandated by Ordinance #60-43)

PHYSICAL ADDRESS OF PROPERTY _____

Property Owner Name: _____
Property Owner Address: _____
_____

LENDER/CREDITOR INFORMATION

Lender/Creditor Name: _____
Contact Name: _____ Telephone #: _____
Lender/Creditor Address: _____
_____

MAINTENANCE COMPANY INFORMATION

Maintenance Company Name: _____
Maintenance Company Address: _____
_____
Maintenance Company Telephone #: _____

The above named property was inspected on (date)_____ and found to be Vacant _____ Occupied _____.

By my signature below, I certify that I am the mortgagor, mortgagee, owner, trustee or responsible party of the aforementioned property and that the above information is true and correct to the best of my knowledge. I agree to promptly advise the City of Linden, Health Department should any information change from that which was originally submitted on this form. I understand that erroneous, misleading or false information, as well as, any willful misstatement of material fact, may be grounds for fines, liens, enforcement penalties placed on the property and or Placement on the City of Linden Abandoned Property List.

Date: _____ Signature_____

FEES

The appropriate fee must be submitted with Application:

- ☐ Initial Application Fee..... $ 600.00
- ☐ First Renewal Fee..... 1,500.00
- ☐ Second Renewal..... 3,000.00
- ☐ Third and Subsequent Renewals 5,000.00

Registration Period is January 1st thru December 31st each year.
Renewals are due by January 15th !
Registrations are NOT prorated or refundable.

Any changes to Information on this form must be promptly reported.

DE-REGISTRATION

Date: _____
We wish to de-register the property listed above for the following reason (Attach documentation):_____
_____
_____
_____

Date:
Fee Paid:
Permit #

"Dedicated to the Preservation and Advancement of Local Public Health"
An Equal Opportunity Employer