



TEANECK HEALTH DEPARTMENT
818 TEANECK ROAD
TEANECK, NJ 07666
(201) 837-1600 Ext. 1500
health@teanecknj.gov

ABANDONED BUILDINGS & PROPERTIES

Dear Property Owner or Mortgage/Lien Holder

You have received this notice because your property has been identified as vacant or abandoned which is defined as:

Property is VACANT for at least (6) months

and at least (1) of the following situations also exists:

1. Property is deemed to be a nuisance or in need of rehabilitation by the Public (Code Enforcement) Officer or designee, and/or;
2. At least (1) current quarter of property tax has not been paid, and/or;
3. The property had construction initiated that has not taken place for at least (6) months

Property owners or responsible parties of vacant/abandoned properties are required to fill out a registration form and pay a fee (see other side of application).

Please advise the Teaneck Health Department if your property is not vacant/abandoned.

If you have any questions, please contact the Teaneck Health Department at 201-837-1600 ext. 1500 or health@teanecknj.gov

PROPERTY MAINTENANCE DIVISION

TEANECK HEALTH DEPARTMENT



TOWNSHIP OF TEANECK - REGISTRATION FORM

ABANDONED BUILDINGS & PROPERTIES

Under **Section 29A-139** through **29A-171** of the **Property Maintenance Code**, of the codes of the Township of Teaneck, buildings and/or properties identified as abandoned, as per definitions and description within such codes, shall comply with all regulations, ordinances and laws, including the filing of application with the Township of Teaneck to register such building and/or property as abandoned.

Please complete the following form and submit it with the appropriate fee to the office noted below within (60) days to avoid any penalty from the Township of Teaneck:

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- **ADDRESS OF PROPERTY:** _____, TEANECK, NJ 07666
 - **Business/Company Name:** _____
 - **Name of Registrant:** _____
 - **Mailing Address:** _____
 - **Phone # of Registrant:** _____
 - **e-mail of Registrant:** _____ @ _____

FEES: (Checks made out to: **Township of Teaneck**)

Initial Registration: (\$1,000) _____

First Renewal Reg.: (\$2,000) _____

Renewals up to (5) years: (\$3,000) _____

Renewals after (5) years: (\$5,000) _____

RETURN APPLICATION & FEE TO: TEANECK HEALTH DEPT., 818 TEANECK RD., TEANECK, NJ 07666

****Permits expire December 31st and are renewable during January****

Do Not Write Below This Line – Official Use Only

Date Received: _____

Officer Name/Signature & Title: _____