

**CITY OF CAMDEN REGISTRATION  
FOR THE ECONOMIC OPPORTUNITY ACT  
5 YEAR TAX EXEMPTION**

Registration must be filed with the tax assessor, after receiving final certificate of occupancy, within 30 days following completion of the improvements, structure improvements, or conversion alteration.

**I. Identification**

I/we, \_\_\_\_\_, hereby make claim for a *tax exemption* of the additional assessed value, pursuant to P.L. 2013, Chapter 161, and the authorizing ordinance for The City of Camden.

A. Applicant's Address: \_\_\_\_\_

B. Applicant's Phone Number: \_\_\_\_\_

C. Property Address: \_\_\_\_\_

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

**II. Project Information**

A. The subject property is a one or two family dwelling upon which claimant has completed:

- New Construction;
- Conversion or alteration of a building or structure;
- Improvement of existing dwelling. Age of Dwelling \_\_\_\_\_

B. The subject property is a multiple dwelling, commercial or industrial structure upon which claimant has completed:

- Construction of a multiple dwelling;
- Construction of a commercial or industrial structure;
- Improvement to a multiple dwelling;
- Improvement to a commercial or industrial building or structure;
- Conversion or alteration of a building or structure to a multiple dwelling.

**If increasing the volume or an existing multiple dwelling, commercial, or industrial structure, please indicate the percentage of volume increased:** \_\_\_\_\_ %

C. Project Details

I. Date of completion \_\_\_\_\_, 20\_\_\_\_.

II. Total Cost of Project \$ \_\_\_\_\_

III. Brief Description of the nature and type of construction, conversion, or improvement

\_\_\_\_\_  
\_\_\_\_\_

D. Date of issuance of Certificate of Occupancy \_\_\_\_\_, 20\_\_, and attach a copy.

E. Are there any delinquent or unpaid property taxes or penalties for non-payment of taxes due on the property?

- Yes  No

F. Attach all required documentary proofs (If any, attach a copy of the project descriptions, plans, drawings, etc.)

**III. Certification**

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.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Title (If applicable) \_\_\_\_\_

FOR OFFICIAL USE:

Date: \_\_\_\_\_

Assessor: \_\_\_\_\_

- Approved  Disapproved

E-mail registration to Terri Paglione at [TePaglio@ci.camden.nj.us](mailto:TePaglio@ci.camden.nj.us); Fax #: 856-968-4721;

Regular Mail: Tax Assessor's Office 520 Market Street P.O. Box 95120 Camden, NJ 08101-5120