

Appendix G

Ocean County Sample Application Form

**OCEAN COUNTY NATURAL LANDS TRUST FUND
NOMINATION FORM**

RETURN NOMINATION FORM TO: OCEAN COUNTY NATURAL LANDS TRUST FUND ADVISORY COMMITTEE, C/O OCEAN COUNTY DEPARTMENT OF PLANNING, PO BOX 2191, TOMS RIVER, NEW JERSEY 08754-2191. QUESTIONS CAN BE DIRECTED TO THE DEPARTMENT OF PLANNING AT (732) 929-2054.

1. PROPERTY OWNER'S NAME: _____
2. PHONE NO. _____
3. PROPERTY OWNER'S ADDRESS: _____

4. CO-OWNER'S NAME: _____
5. PHONE NO. _____
6. MUNICIPALITY: _____ TOTAL ACREAGE: _____
7. TAX BLOCK NO. _____ 8. TAX LOT NO. _____
9. WETLAND ACREAGE: _____ 10. MUNICIPAL ZONING DISTRICT: _____
11. NEAREST STREET OR ROAD: _____
12. ARE THERE ANY HOMES LOCATED ON THE PROPERTY? YES _____ NO _____
13. IF YES, HOW MANY? _____
14. DOES THE SITE HAVE WATER ACCESS? YES _____ NO _____
15. ARE THERE ANY OTHER BUILDINGS ON THE PROPERTY? YES _____ NO _____
16. IF YES, HOW MANY AND WHAT ARE THEY USED FOR? _____

17. DESCRIBE ANY COMMERCIAL ACTIVITIES TAKING PLACE ON THIS PROPERTY _____

18. ARE THERE ANY EASEMENTS OR DEED RESTRICTIONS AFFECTING THE USE OF THIS PROPERTY? YES _____ NO _____
19. IF YES, PLEASE DESCRIBE: _____

20. IS THERE A MORTGAGE ON THIS PROPERTY? YES _____ NO _____
21. IF YES, PLEASE LIST ALL MORTGAGES THAT ARE LIENS AGAINST THIS PROPERTY.
PROVIDE THE ORIGINAL AMOUNT AND APPROXIMATE BALANCE: _____

22. HAVE YOU OR ARE YOU IN THE PROCESS OF PURSUING ANY SUBDIVISION APPROVALS
ON THIS PROPERTY? YES _____ NO _____
DATE OF PRELIMINARY APPROVAL: _____
DATE OF FINAL APPROVAL: _____
PLEASE PROVIDE DOCUMENTATION OF ALL APPROVALS
23. IS THE PROPERTY CURRENTLY LISTED FOR SALE WITH A REALTOR?
YES _____ NO _____
24. IF YES, PLEASE PROVIDE THE NAME AND ADDRESS OF THE REALTOR _____

25. LIST ANY OUTSTANDING LEASES OR RENTAL AGREEMENTS IN EFFECT: _____

26. WHAT IS THE CURRENT ASKING PRICE FOR THIS PROPERTY? _____
NOTE: THIS IS FOR INFORMATIONAL PURPOSES ONLY AND IS NON-BINDING. THE
COUNTY WILL HIRE AN APPRAISER TO DETERMINE FAIR MARKET VALUE.
27. WHAT IS THE CURRENT ASSESSED VALUE? _____
28. ARE THERE KNOWN OR SUSPECTED HAZARDOUS WASTE DEPOSITS ON SITE?
YES _____ NO _____
29. BRIEFLY DESCRIBE THE CHARACTERISTICS OF THE PROPERTY AND SITE ANY
REASONS WHY ITS PRESERVATION IS IMPORTANT. _____

30. DO YOU AUTHORIZE A PERSON TO ACT AS YOUR REPRESENTATIVE IN ALL MATTERS
PERTAINING TO THIS APPLICATION? YES _____ NO _____

31. NAME AND ADDRESS OR REPRESENTATIVE: _____

PHONE: _____

32. SIGNATURE OF REPRESENTATIVE: _____

IS THE FOLLOWING INFORMATION ATTACHED?

33. TAX MAP

34. COPY OF TITLE POLICY

35. DEED OF PROPERTY

36. SURVEY

37. ANY ADDITIONAL INFORMATION YOU FEEL IS RELATIVE TO THIS PROPERTY SHOULD
BE INCLUDED _____

I HEREBY CERTIFY THAT THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE,
THAT I AM THE LEGAL OWNER OF THE PROPERTY DESCRIBED ABOVE, THAT I HAVE
MARKETABLE TITLE TO THE PROPERTY AND THAT I HAVE THE LEGAL RIGHT TO SELL THE
PROPERTY.

I HEREBY AUTHORIZE THE STAFF OF THE COUNTY OF OCEAN TO CONDUCT SUBH SITE
INSPECTIONS ON THE PROPERTY AS ARE NECESSARY TO REVIEW THIS APPLICATION.

SIGNATURE OF OWNER (APPLICANT)

DATE

SIGNATURE OF OWNER (CO-APPLICANT)

DATE