



OCEAN COUNTY NATURAL LANDS TRUST FUND



NOMINATION FORM

Please return this form to:

Attn: Chris Palmieri, Program Aide
Ocean County Natural Lands Trust Fund Advisory Committee
Ocean County Department of Planning
PO Box 2191
Toms River, NJ 08754-2191

Questions can be directed to the Department of Planning at (732)929-2054/cpalmieri@co.ocean.nj.us

Property Owner Information

1. Property Owner's Name: _____
2. Phone No.: _____
3. Property Owner's Address: _____
4. Co-Owner's Name: _____
5. Co-Owner's Phone No.: _____
6. E-mail Address (if applicable) _____

Property Information

1. Municipality: _____
2. Tax Block No.: _____ 3. Tax Lot No.: _____
4. Total Acreage: _____
5. Wetland Acreage (Approximate if LOI not obtained): _____
6. Nearest Street or Road: _____
7. Municipal Zoning: _____
8. Does the site have water access? Yes _____ No _____
9. Are there any homes located on the property? Yes _____ No _____
10. If yes, how many? _____
11. Are there any other structures on the property? Yes _____ No _____
12. If yes, how many and what are they used for? _____
13. Describe any commercial activities taking place on this property: _____

14. Are there any easements or deed restrictions affecting this property? Yes _____ No _____
15. If yes, please describe: _____

16. Is there a mortgage on this property? Yes _____ No _____
17. If yes, please list all mortgages that are liens against this property, provide the original amount and the approximate balance: _____

18. Are there currently any municipal liens against the property? Yes _____ No _____
 If yes, please explain: _____
19. Have you received or are you in the process of pursuing subdivision approvals on this property?
 Yes ___ No ___
 Date of Preliminary Approval: _____
 Date of Final Approval: _____
 *Please provide documentation of all approvals
20. Is this property currently listed for sale with a realtor? Yes _____ No _____
 If yes, please provide the name and address of the realtor: _____

 *If applicable, please provide a copy of the contract.
21. List any outstanding leases or rental agreements in effect: _____

22. What is the current asking price for this property? **(REQUIRED)** _____
NOTE: This is for informational purposes only and is non-binding. The County will hire an appraiser to determine fair market value.
23. Are you aware of the past use(s) of the site? Yes _____ No _____
 If yes, please briefly describe: _____

24. Are there any environmental liens or cleanups filed against the property? Yes _____ No _____
 If yes, please explain: _____

25. Briefly describe the characteristics of the property and cite any reasons why its preservation is important:

Do you authorize a person to act as your representative in all matters pertaining to this application?

Yes _____ No _____

26. Name and address of the representative: _____

Phone No. of representative: _____

27. Signature of representative: _____

Please Include, If Available, the Following Information:

- 1. Tax Map
- 2. Copy of Title Policy
- 3. Deed of Property
- 4. Survey
- 5. Any additional information you feel is relative to this property that 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 SUCH SITE INSPECTIONS ON THE PROPERTY AS ARE NECESSARY TO REVIEW THIS APPLICATION.

Signature of Owner (Applicant)

Date

Signature of Owner (Co-Applicant)

Date

*For County Staff Use Only:	
<input type="checkbox"/> Open Space	<input type="checkbox"/> For Review
<input type="checkbox"/> Parks and Recreation Supporting	<input type="checkbox"/> FWD to Others