



# OCEAN COUNTY NATURAL LANDS TRUST FUND



## NOMINATION FORM

**Please return this form to:**

Attn: Nicole Leaf, Environmental Services Trainee  
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 or [nleaf@co.ocean.nj.us](mailto:nleaf@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