### Green Acres Program

### *New Jersey Department of Environmental Protection*

#

# Application for Sale of Real Estate

*Thank you for your interest in selling your land to the Green Acres Program.*

*The Green Acres Program works with landowners to preserve environmentally sensitive open space, water resources, and other natural and historic resources. Protected lands become part of the statewide system of parks, forests, wildlife management areas, and preserves.*

*When you sell your land to Green Acres, you leave a significant legacy—a legacy that will help protect the quality of life enjoyed by your children, your community, and future generations.*

 NJDEP Green Acres Program

401 East State Street, 7th Floor

Mail Code 401-07B

P.O. Box 420

Trenton, NJ 08625-0420

Tel: (609) 984-0500; Fax: (609) 984-0608

Web: [www.nj.gov/dep/greenacres](http://www.nj.gov/dep/greenacres)

6/2024

### Application for Sale of Real Estate

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| --- | --- | --- | --- | --- |
| Return to: |  |  |  | For G.A. Use Only |
| NJDEP Green Acres ProgramMail Code 401-07B |  | Date Received: |  |
| 401 E. State St. 7th Floor, P.O. Box 420 |  | Offer Number: |  |
| Trenton, NJ 08625-0420 |  | Approved: |  |
| Contact: (609) 984-0500 | Fax: (609) 984-0608 | Denied: |  |
| Web: [www.nj.gov/dep/greenacres](http://www.nj.gov/dep/greenacres) |  |  |  |
|  |  |  |  |

# Owner Information

|  |  |  |  |
| --- | --- | --- | --- |
| Property Owner’s Name: |  | Daytime Telephone: |  |
|  | Full name |  |  |
| Co-Owner’s Name |  | Daytime Telephone: |  |
|  | Full name |  |  |
| Property Owner’s Mailing Address: |  |
| City, State & Zip Code |  |
| Email Address: |  |
| If applicable, check if the property is owned by a(n): | Estate |  | Partnership |  | Corporation |  |
|  |  |  |  |  |  |  |

# Property Information

|  |  |  |  |
| --- | --- | --- | --- |
| Municipality: |  | County: |  |

Please provide the following information, which is available from your most recent tax bill(s):

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Block # |  | Lot # |  | Assessed Value |  | Farmland Assessed? |  | Annual Property Taxes |  | Acres per Lot |
|  |  |  |  | $ |  | Yes / No |  | $ |  |  |
|  |  |  |  | $ |  | Yes / No |  | $ |  |  |
|  |  |  |  | $ |  | Yes / No |  | $ |  |  |
|  |  |  |  | $ |  | Yes / No |  | $ |  |  |
| (Use back of application if more space needed.) |  |  |  | Total Acres: |  |  |
| Property Address or Nearest Street: |  |
| Municipal Zoning District: |  |
|  | (available from municipal zoning officer) |
| Date you acquired title to the property: |  |
| Are there any structures located on the property? (Use back of application if more space needed.) |  | Yes |  | No |
|  | If yes, please describe & provide photos of all outstanding structures |  |
|  |
| Current use of property: |  |
| Have any commercial activities ever taken place on this property? |  | Yes |  | No |
| If yes, please describe: |  |
| Are there any leases, rental agreements, easements or deed restrictions affecting the property? |  | Yes |  | No |
| If yes, please describe: |  |
| Are there any mortgages or liens on the property? |  | Yes |  | No |
| If yes, please describe: |  |
| Have you ever applied here or elsewhere to sell this property for preservation? |  | Yes |  | No |
| If yes, please describe: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you pursued, or are you pursuing, any subdivision or development approvals on the property? |  | Yes |  | No |
| If yes, please describe: |  |
| Dates of Prel. & Final Approvals: |  | (Provide documentation of approvals) |
| Is the property currently listed for sale with a realtor? |  | Yes |  | No |
| If yes, please provide name and phone #: |  |
| Email Address: |  |
| What is your asking price for this property (required)? |  |
| \*NOTE: | While the asking price is a key element in the evaluation of this property, it is non-binding, and is not a commitment on the part of the State of New Jersey to pay this amount should this property be selected for acquisition. |
| Please tell us about your property, including any unique or special environmental features, known historical associations, and any bodies of water on the property or bordering the property. (Use back of application if more space needed.) |
|  |
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|  |

# Representative Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you authorize a person to act as your representative in all matters pertaining to this application? |  | Yes |  | No |
| What is this person’s relationship to you (i.e., family member, realtor, attorney)? |  |
| Name of Representative: |  |
| Representative’s Street Address: |  |
| City, State, Zip Code: |  | Telephone: |  |
| Email Address: |  |
| Signature of Representative: |  |
| Note: Any Agreement for sale / purchase shall be signed by the Owner. |

# Attachments

Copies of the following documents are requested though not required for application:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  Tax Map: |  | Yes |  | No |  | Title Insurance Policy: |  | Yes |  | No |
| Deed of Property: |  | Yes |  | No |  | Survey: |  | Yes |  | No |
| Structure Photos: |  | Yes |  | No |  |  |  |  |  |  |

# Owner Certification

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 Green Acres Program to conduct such site inspections on the property as are necessary to this application.

|  |
| --- |
| Note: All persons having an ownership interest must sign as owners. (Use back of application if more space needed.) Pursuant to P.L. 2005, C.51 and E.O. No. 333, certain political contributions may preclude the State from purchasing the landowner’s property. For more information, please consult [www.nj.gov/treasury/purchase/execorder333.shtml](http://www.nj.gov/treasury/purchase/execorder333.shtml) or contact us. |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Signature of Owner (Applicant) |  | Date |  | Signature of Owner (Co-Applicant) |  | Date |