## **NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION**

# GREEN ACRES PROGRAM – TAX EXEMPTION PROGRAM

##### APPLICATION FOR REAL PROPERTY TAX EXEMPTION

**N.J.S.A. 54:4-3.63 et seq.**

NOTE: All applicant organizations must be exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1954 prior to the submission of this application.

The property must meet all eligibility requirements specified in the Tax Exemption Program Rules (N.J.A.C. 7:35).

Please submit two **Initial Applications (Form GAR-031 3/2022)** with two **Initial Statements** *per Block and Lot* to the Tax Assessor of the municipality in which the property is located.

Also, please submit one **Initial Application (Form GAR-031 3/2022)** and one **Initial Statement** *per Block & Lot* to the following address:

#### NJ Department of Environmental Protection

**Green Acres – Tax Exemption Program**

**Mail Code 401-07B**

**P.O. Box 420**

**Trenton, NJ 08625-0420**

**ALL DOCUMENTS MUST HAVE ORIGINAL SIGNATURES.**

Click here to obtain an [INITIAL STATEMENT FORM](http://www.state.nj.us/treasury/taxation/pdf/other_forms/lpt/initialstment.pdf).

**PART A - OWNER INFORMATION**

|  |  |  |
| --- | --- | --- |
| 1. | Name of Organization: |  |
| 2. | Official Address: |  |
| 3. | Organizational Representative to receive correspondence regarding this application: |
| Name: |  | Title: |  |
| Street Address: |  | City: |  | State: |  | Zip: |  |
|  (if different from organization’s address above) |
| Business Phone: | ( )  | E-mail Address: |  |

**PART B - PROPERTY INFORMATION** (Attach additional sheets if necessary.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Was the property acquired with Green Acres funding assistance? |  | YES | Green AcresProject #: |  |  |  | NO |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2a. | Is the property a new preserve? |  | YES | Preserve Name: |  |  |  |  NO |
| 2b. | Is the property part of existing preserve? |  | YES | Preserve Name: |  |  |  |  NO |

3. **Location and Description of the Property.**

 (If the property is in more than one municipality, submit a separate application for each municipality.)

|  |  |
| --- | --- |
|  Street Address:(include parking advice) |  |
|  Municipality:  |  | County:  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BLOCK | LOT | **CURRENT ASSESSMENT** | **CURRENT**TAXES (annual) | ACRES | ZONING | **BUILDINGS OR STRUCTURES (describe)\*** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | \*Are structures, if any, on the property used exclusively for or in support of outdoor recreation and conservation? |  | YES |  |  | NO |  |  | NOSTRUCTURES |
|  | \*Explain uses of structures: |  |

|  |  |  |
| --- | --- | --- |
| (a) | Flora: |  |

|  |  |  |
| --- | --- | --- |
| (b) | Fauna: |  |

|  |  |  |
| --- | --- | --- |
| (c) | Adjacent Land Use: |  |

|  |  |  |
| --- | --- | --- |
| (d) | Facilities on the Property (trail, kiosk, boat dock, bathing area, parking lot, etc.): |  |
|  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4. | **Property Inspection:** |  | inspected the property on |  | and |
|  |  | (Name of representative of nonprofit organization) |  | (date) |  |
|  | verifies that the property is free and clear of anything that would preclude or discourage public access. More specifically: |
|  | (a) Does property have locked gates? |  | YES |  |  | NO |
|  | (b) Does property have “NO TRESPASSING,” “PRIVATE PROPERTY,” or “KEEP OUT” signs (or signs that contain these words)? |  | YES |  |  | NO |
|  | (c) Does property have junk piles, debris, litter, etc.? |  | YES |  |  | NO |
|  | (d) Are there any encroachments onto the property? |  | YES |  |  | NO |
|  | If “YES” for any items above, what steps are being taken to resolve? (attach additional sheet if needed) |  |
|  |

5. **To substantiate the organization's request for tax exemption, the following documents must be submitted:**

1. A statement describing the **public use** that will be permitted on the property. This use statement must be a detailed account of all recreation and/or conservation facilities that are available. Explain in detail how the public use will differ from the existing private use of the property;
2. A detailed statement describing the **means of access** to the property (street location, parking, etc.) and municipal, street, and detailed site maps showing the location, accessibility, and features of the property;
3. A detailed statement describing any **fees, charges, memberships, registrations or schedules** regarding the public use of the property. Explain how the public fees or schedule differ from the existing private ones;
4. A detailed statement describing any **restrictions** on the public use of the property (camping, boating, hunting, fishing, day use only, no fires, etc.) and the rationale for the restriction(s);
5. A detailed plan for the **maintenance, policing and preservation** of the property; and

6. List any **current leases, business activities, other uses**, etc., which are part of the operation of the property:

|  |  |
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**PART C - MUNICIPAL INFORMATION**

1. Name, Address and Phone Number of the **Municipal Tax Assessor**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   |  Phone:  | ( ) |
| Street Address: |  | City: |  | State: |  | Zip: |  |

2. Name, Address, and Phone Number of the **Official Advertising Newspaper of the Municipality**.

(This information should be obtained from the municipal clerk's office.)

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   |  Phone:  | ( ) |
| Street Address: |  | City: |  | State: |  | Zip: |  |

**PART D - SAVE HARMLESS**

|  |  |
| --- | --- |
| Name of Organization: |  |

does hereby hold the STATE OF NEW JERSEY, and the Departments and Agencies thereof, harmless from any damages, losses and claims which may arise directly or indirectly from the public use of such lands which may be certified under this act (N.J.S.A. 54:4-3.63 et seq.).

**PART E – SUPPORTING DOCUMENTATION**

**\*\* *IF PROPERTY WAS ACQUIRED WITH GREEN ACRES FUNDING ASSISTANCE, OMIT ITEMS 1 & 2. \*\****

1. A copy of the Federal Internal Revenue Service **501(c)(3) Ruling or Determination Letter**.\*\*
2. **Documentation legally establishing the nonprofit organization and defining its purpose.**\*\* (Acceptable documents include a copy of the certificate of incorporation, articles of association, or the charter and bylaws.)
3. A copy of the **recorded deed** to the property showing ownership by the nonprofit organization.

|  |  |
| --- | --- |
|  | If a recorded deed is not available at this time, check the box at left and submit a **non-recorded deed**, to be |
|  | followed by a recorded deed not later than August 15 in the year of this application, or a **certification** signed by the chief executive officer or legal counsel representing the nonprofit organization that verifies ownership and commits to submission of the recorded deed not later than August 15 in the year of this application. |

1. A copy of the **current tax bill** *for each lot* covered by this application with the current assessment and current annual taxes indicated (please circle or highlight).
2. A copy of the **full-size municipal tax map** sheet(s) showing the property included in this application.

(Please highlight, outline, and/or label the specific parcels.)

1. A **municipal street map** labeled to show the **location** of the property and **all public access points**.
2. A **detailed property map** showing the Block and Lot number(s) of the property, all adjacent preserved/tax-exempt land, public access points, parking areas, roads, driveways, trails, and points of interest. (An aerial map, survey, or other detailed and labeled map is preferred, but a carefully labeled municipal tax map may be used.)
3. Complete **INITIAL STATEMENT(S)** – *one per block and lot.*

Click here to obtain an [[INITIAL STATEMENT FORM](http://www.state.nj.us/treasury/taxation/pdf/other_forms/lpt/initialstment.pdf)](http://www.state.nj.us/treasury/taxation/pdf/other_forms/lpt/initialstment.pdf).

**PART F - AFFIDAVIT**

 State of New Jersey SS

|  |  |
| --- | --- |
|  County of  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *I,*  |  | *being* |  |
|  (Name of Officer) |  (Title of Officer) |
| *of the* |  |
|  (Name of Applicant Organization) |

*being duly sworn according to law do say that I have read this application in its entirety and that the answers to the foregoing questions, the documents submitted, and declarations herein were given by me and that they are true to the best of my knowledge and belief.*

|  |
| --- |
|  |
|  (Signature of Officer Taking Oath) |

Subscribed and sworn before me this

|  |  |  |  |
| --- | --- | --- | --- |
|  | day of |  | , 20 |

Attested by:

|  |  |
| --- | --- |
| Signature: |  |
| Name of Witness: |  |

# This form is prescribed by the Commissioner, New Jersey Department of Environmental Protection,

 **as required by N.J.S.A. 54:4-3.63 et seq., and may be duplicated but may not be altered or amended**

 **without the approval of the Commissioner.**