



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
GREEN ACRES PROGRAM
MAIL CODE 401-07B
P.O. BOX 420
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Facility Refunding Waiver Request Form

The list of Eligible Projects in the Green Acres rules at N.J.A.C. 7:36-10.2(a)6. includes the restoration or rehabilitation of a facility that was developed using Green Acres funding 20 or more years ago. The rules include an exception to the 20-year period when the applicant demonstrates that the restoration or rehabilitation is needed due to “normal wear and tear on the facility and not to abuse, neglect, or vandalism.” Applicants who are asking Green Acres to re-fund a facility before 20 years have elapsed must provide the requested information below and sign the certification that follows. If requesting re-funding of more than one facility, a separate form must be completed for each.

Requested Information

Applicant: _____

Project Name: _____

Project Number (*if known*): _____

Park Name: _____

Block(s)/Lot(s): _____

Address: _____

Description of Facility to be Re-funded: _____

Year Construction of Existing Facility Was Completed: _____

Year Green Acres Payment for Facility Was Made: _____

Questions

1. Please explain why the facility is proposed to be replaced at this time:

2. Please describe how often and by whom the facility was maintained, as well as the specific maintenance activities that were performed:

3. Is this maintenance history consistent with best practice and/or manufacturer or installer recommendations? _____ If no, please explain: _____

4. Has the facility been subject to vandalism or misuse? _____ If yes, please explain: _____

5. Was/is the facility covered by a manufacturer or installer warranty? _____ If yes, when did/does the warranty expire? _____

6. Please describe the average use of the facility, e.g., approximate number of users or games per month:

7. Please provide any other information you believe would be relevant: _____

Please submit photographs of the facility proposed to be replaced.

Certification

I certify that the above information is complete and accurate.

Name: _____

Signature: _____

Date: _____

Title: _____