



New Jersey Department of Environmental Protection  
Contaminated Site Remediation & Redevelopment

REMEDIAL ACTION PERMIT TRANSFER/CHANGE OF  
PROPERTY OWNERSHIP APPLICATION

Date Stamp  
(For Department use only)

SECTION A. SITE NAME AND LOCATION

Site Name: \_\_\_\_\_

List All AKAs: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough, or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Interest (PI) Number(s): \_\_\_\_\_

Remedial Action Permit Activity Number: \_\_\_\_\_

Municipal Block(s) and Lot(s) of the entire site: \_\_\_\_\_

Is this site a Federal case? ..... ☐ Yes ☐ No

If "Yes", indicate the Federal Case Type:

☐ RCRA GPRA 2020 ☐ CERCLA/NPL ☐ USDOD ☐ USDOE

☐ Other (explain): \_\_\_\_\_

SECTION B. REMEDIAL ACTION PERMIT TRANSFER/CHANGE OF PROPERTY OWNERSHIP APPLICATION FEES

**Note:** This Remedial Action Permit (RAP) Transfer/Change of Property Ownership Application may not be processed until all current/overdue RAP fees have been paid in full, and all previously required RAP Modification Applications have been submitted.

The RAP Transfer/Change of Property Ownership Application fee must be enclosed with this application.

**Select One**

**Effective on or Before**

**June 30, 2024**

**Effective July 1, 2024**

☐ Ownership Change – Soil RAP .....\$550.00 .....\$345.00

☐ Ownership Change – Ground Water RAP, MNA .....\$440.00 .....\$345.00

☐ Ownership Change – Ground Water RAP, Active System .....\$440.00 .....\$345.00

SECTION C. RAP FEE BILLING CONTACT PERSON

Name of Organization / Affiliation: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

**SECTION D. FORMER PROPERTY OWNER (TRANSFEROR) INFORMATION AND CERTIFICATION**

☐ Complete Addendum if the transferor was more than one entity at a time (e.g., housing development where a condominium association does not exist and homes are individually owned).

Name of Organization / Affiliation: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This certification shall be signed by the person who formerly owned the site and is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I have provided a copy of the Remedial Action Permit and have made the new owner aware of the permit conditions and the requirements to perform remedial action protectiveness certifications on a biennial basis and payment of annual Remedial Action Permit fees. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

**SECTION E. NEW/CURRENT PROPERTY OWNER (TRANSFeree) INFORMATION AND CERTIFICATION**

☐ Complete Addendum if the transferee is more than one entity at a time (e.g., housing development where a condominium association does not exist and homes are individually owned).

Name of Organization / Affiliation: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Provide the date of the sale or transfer of the property: \_\_\_\_\_

☐ Check the box if the new/current property owner is the Primary Contact for Permit Compliance.

This certification shall be signed by the person who owns the site and is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

*I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I have received a copy of the Remedial Action Permit and have been made aware of the permit conditions and the requirements to perform remedial action protectiveness certifications on a biennial basis and payment of annual Remedial Action Permit fees. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

## SECTION F. FINANCIAL ASSURANCE (FA)

1. Does the remedial action include an engineering control? ..... ☐ Yes ☐ No  
*If "No", skip questions 2, 3, and 4.*
2. Is FA currently in place for the existing RAP? ..... ☐ Yes ☐ No
3. Are there any changes in FA as a result of this transfer? ..... ☐ Yes ☐ No
4. Are all new/current property owners exempt from establishing FA pursuant to N.J.A.C. 7:26C-7.10(c)? ..... ☐ Yes ☐ No

If "Yes", check the exemption(s) that applies:

- ☐ Government entity
- ☐ Site is the new/current property owner's primary or secondary residence
- ☐ Owner or operator of a child care center
- ☐ Public school, private school, or charter school
- ☐ Owner or operator of a small business **at the site**

Attach an up-to-date Remediation Cost Review and RFS/FA Form, including a detailed cost estimate, if the RAP includes an engineering control and at least one permittee (Person Responsible for Conducting Remediation (PRCR) and/or new Property Owner) is required to establish FA.

**Note:** If the former property owner (transferor) was also the PRCR on the RAP using the small business FA exemption, the PRCR can no longer use the small business FA exemption and must post FA for the RAP.

## SECTION G. ATTACHED DOCUMENTS

Attach the following documents: (*Check all that apply*)

**Note:** All electronic copies should be provided in Adobe PDF file format.

- ☐ Hard copy and electronic copy of the RAP Transfer/Change of Property Ownership Application using the current form on the Department's website.
- ☐ Electronic copy of the completed Remediation Cost Review and RFS/FA Form with a detailed cost estimate, if applicable, including:
  - Only Check One:
    - ☐ New FA is being established - **Original** FA mechanism (hard copy), including any amendments, provided to the Department from the financial institution or new budget provided by homeowner or condominium association, if applicable.
    - ☐ Continuing to use existing FA - Provide an electronic copy.
    - ☐ Using Remediation Funding Source (RFS) as FA – Provide an electronic copy of the RFS mechanism if using an existing RFS mechanism as the FA.

**SECTION H. ADDITIONAL INFORMATION**

List any other pertinent information to support the RAP Transfer/Change of Property Ownership Application.

Completed forms along with the current applicable fee should be sent to:

Bureau of Case Assignment & Initial Notice  
Contaminated Site Remediation & Redevelopment  
NJ Department of Environmental Protection  
401-05H  
PO Box 420  
Trenton, NJ 08625-0420

## SECTION I. LICENSED SITE REMEDIATION PROFESSIONAL INFORMATION AND STATEMENT

LSRP ID Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

This statement shall be signed by the LSRP who is submitting this notification in accordance with N.J.S.A. 58:10C-14, and N.J.S.A. 58:10B-1.3b(1) and (2).

(1) *I certify, as a Licensed Site Remediation Professional authorized pursuant to N.J.S.A. 58:10C-1 et seq. to conduct business in New Jersey, that for the remediation described in this submission, and all attachments included in this submission, I personally: Managed, supervised, or performed the remediation conducted at this site that is described in this submission, and all attachments included in this submission; and/or periodically reviewed and evaluated the work performed by other persons that forms the basis for the information in this submission; and/or completed the work of another site remediation professional, licensed or not, after having: (1) reviewed all available documentation on which I relied; (2) conducted a site visit and observed the then-current conditions and verified the status of as much of the work as was reasonably observable; and (3) concluded, in the exercise of my independent professional judgment, that there was sufficient information upon which to complete any additional phase of remediation and prepare workplans and reports related thereto.*

(2) *I certify:*

- *That I have read this submission and all attachments to this submission;*
- *That in performing the professional services as the licensed site remediation professional for the entire site or each area of concern, I adhered to the professional conduct standards and requirements governing licensed site remediation professionals provided in N.J.S.A. 58:10C-16;*
- *That the remediation conducted at the entire site or each area of concern, that is described in this submission and all attachments to this submission, was conducted pursuant to and in compliance with the remediation requirements in N.J.S.A. 58:10C-14.c;*
- *That the remediation described in this submission, and all attachments to this submission, was conducted pursuant to and in compliance with the regulations of the Site Remediation Professional Licensing Board at N.J.A.C. 7:26I; and*
- *That the information contained in this submission and all attachments to this submission is true, accurate, and complete.*

(3) *I certify, when this submission includes a response action outcome, that the entire site or each area of concern has been remediated in compliance with all applicable statutes, rules, and regulations and is protective of public health and safety and the environment.*

(4) *I certify that no other person is authorized or able to use any password, encryption method, or electronic signature that the Board or the Department have provided to me.*

(5) *I certify that I understand and acknowledge that:*

- *If I knowingly make a false statement, representation, or certification in any document or information I submit to the Department I may be subject to civil and administrative enforcement pursuant to N.J.S.A. 58:10C-17.a.1(a)through (f) by the Board, including but not limited to license suspension, revocation, or denial of renewal; and*
- *If I purposely, knowingly, or recklessly make a false statement, representation, or certification in any application, form, record, document or other information submitted to the Department or required to be maintained pursuant to the Site Remediation Reform Act, I shall be guilty, upon conviction, of a crime of the third degree and shall, notwithstanding the provisions of subsection b. of N.J.S.2C:43-3, be subject to a fine of not less than \$5,000 nor more than \$75,000 per day of violation, or by imprisonment, or both.*

(6) *I certify that I have read this certification prior to signing, certifying, and making this submission.*

LSRP Signature: \_\_\_\_\_

Date: \_\_\_\_\_

LSRP Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

## ADDENDUM

### ADDENDUM TO SECTION D. FORMER PROPERTY OWNER (TRANSFEROR) INFORMATION AND CERTIFICATION

Name of Organization / Affiliation: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_

### ADDENDUM TO SECTION E. NEW/CURRENT PROPERTY OWNER (TRANSFeree) INFORMATION AND CERTIFICATION

Name of Organization / Affiliation: \_\_\_\_\_

First Name of Contact: \_\_\_\_\_ Last Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_ FAX: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

☐ Check the box if the new/current owner is the Primary Contact for Permit Compliance.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name/Title: \_\_\_\_\_