APPLICATION FOR
OPEN SPACE PRESERVATION TRUST FUND

Atlantic County Department of Regional Planning
Office of Land Acquisition
New Road and Dolphin Avenue
P.O. Box 719
Northfield, NJ 08225
(609) 645-5898

Date Received: _____

Office of Land Acquisition
For County Use Only

Contact:
Ms. Ranae Fehr

Ownership Information
1. Property Owner’s Name ____________________________________________ 2. Phone: ________
3. Co-owner’s Name ________________________________________________ 4. Phone: ________
5. Property Owner’s Street Address _____________________________________
6. City, State, Zip Code ______________________________________________

Property Information
7. Municipality ______________________________________________________ 8. Total Acreage ______
14. Are there any structures located on the Property? _____________ Yes _____________ No
15. If yes, how many and what are they used for? ________________________________

16. Does the site have water access? ________________________________
17. Describe any commercial activities taking place on this Property:

18. Are there any easements or deed restrictions affecting the use of this Property?

19. If Yes, please describe: ____________________________________________

20. Are there any mortgages or liens on this Property? __________________ Yes __________________ No
21. If yes, please list all mortgages or liens against this Property, provide the original
amount and approximate balance: ________________________________

22. Have you or are you in the process of pursuing any subdivision approvals on the premises?

23. Date of Preliminary Approvals: __________________________

24. Date of Final Approvals: __________________________

Please provide documentation of approvals.

(continued on next page)
23. Is the Property currently listed for sale with a realtor? Yes ________ No ________

24. If Yes, please provide the name, address and phone number: ________________________________

25. List any outstanding leases or rental agreements in effect: ________________________________

26. What is the current asking price for the Property? ________________________________

   NOTE: This figure is for informational purposes only and is non-binding. If pursued for acquisition, Atlantic County will hire independent appraisers to determine fair market value.

27. What is the current assessed value? ________________________________

28. Are there known or suspected hazard waste deposits on site? Yes ________ No ________

29. Do you authorize a person to act as your representative in all matters pertaining to this application? Yes ________ No ________

30. Name of Representative: ________________________________

31. Representative’s Street Address: ________________________________

32. City, State, Zip Code: ________________________________

33. Signature of Representative: ________________________________

If possible, please provide the following:

34. Tax Maps: Yes ________ No ________

35. Copy of Title Insurance Policy: Yes ________ No ________

36. Deed of Property: Yes ________ No ________

37. Survey: Yes ________ No ________

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 confirm that I wish to proceed with the potential sale of this property to the County of Atlantic, with funds provided through the Atlantic County Open Space Trust Fund and other sources. I request that Atlantic County proceed with appraisals of my property to confirm its value. I understand that this offer is not binding at this time and is conditioned upon execution of an Agreement of Sale.

__________________________  ____________
Signature of Owner
(Applicant)        Date

__________________________  ____________
Signature of Co-owner
(Co-Applicant)       Date