



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

For County Use Only
Date Received: _____

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 _____
9. Tax Block # _____ 10. Tax Lot # _____ 11. Wetland Acreage _____
12. Nearest Street or Road _____ 13. Mun. Zoning District _____
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?

_____ Yes _____ No

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?

_____ Yes _____ No

Date of Preliminary Approvals: _____

Date of Final Approvals: _____

Please provide documentation of approvals.

(continued on next page)

OPEN SPACE PRESERVATION TRUST FUND APPLICATION

Page 2

- 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
-----------------------------------	------	---	------