

**STATE OF NEW JERSEY
REQUEST FOR REAL PROPERTY REVIEW**

Date of Request: _____ Department: _____

Contact Name: _____ Title: _____ Telephone #: _____

Address: _____

Request for: Acquisition Disposal Lease Easement
 Transfer Demolition Other (Explain below)

Reason for Request: _____

Description of Property/Facility: _____

Property Address: _____

Location (Attach Map): County _____ Municipality _____ Block: _____ Lot: _____ Total Size: _____

 Building Building w/Land Vacant Land Farmland

 Open Space Other (Explain) _____

LBAM ID(s): Land # _____ Building # _____

Current Condition & Use of Property: _____

Any Bonds or Federal Funds associated with the Property? No Yes, **Explain** _____

Is the Property Lien Free? Yes No

Has the property been acquired by the State in the past 10 years? Yes No

Underground Storage Tank(s) located on the property? Yes Qty: _____ No

Any other known Environmental Issues? No Yes, **Explain:** _____

Any present recreation or conservation/agricultural restrictions? No Yes Restricted Acreage: _____ +/-

If yes, explain: _____

Is the property suitable for farming? No Yes Acreage: _____ +/-

Is the property request for use to provide benefit to public health, safety or welfare? Yes No

REQUESTING AGENCY

OFFICE OF SMART GROWTH

Provide comments on how this action complies with the State Development & Redevelopment Plan: _____

What planning area of the State Plan is impacted by this request? _____

Is the property in a designated center? Yes No

REVIEWING AGENCIES

Office of Design and Construction Review:

Any construction project(s) ongoing or planned for this site? Yes No **If yes, explain and provide Project No. and description of the project:** _____

Office of Design Construction Approval: _____ Date: _____

Land Review Officer Review:

This request is: Approved: _____ Disapproved: _____ Signature: _____

Comments: _____

Property Unit Review:

Alternate sites available in lieu of acquisition: Yes No N/A

Applicable circular letter: _____ Approval required: _____

AUTHORIZING AGENCY

Division of Budget & Accounting: _____ Date: _____

(Name)

This request is: Approved: _____ Disapproved (*Explain Below*): _____

Reason for disapproval: _____

Division of Property Management & Construction: _____ Date: _____

(Name)

Based on the information provided, this action complies with the current criteria of the State Development and Redevelopment Plan.