



State of New Jersey
 Department of Environmental Protection
 Bureau of Tidelands Management
 P.O. Box 420 Code 501-02B
 Trenton, NJ 08625-0420



RIPARIAN GRANT APPLICATION FORM

PLEASE INCLUDE THE NAMES AND SIGNATURES OF ALL PERSONS LISTED ON THE CURRENT RECORDED DEED
 ATTACH A SIGNATURE ADDENDUM PAGE IF MORE THAN TWO SIGNATURES ARE REQUIRED

Title Holder(s)				
Name(s):				
Mailing Address:		City:		State:
Zip Code:	Daytime Telephone Number:		Email Address:	
Site Location				
Address:		Municipality:		County:
Block:	Lot:	Waterway:	Purchase Date:	Sale Date (if applicable):
N.A.D. 1983 State Plane Coordinates (feet) 6 digits only (if known): E (x):				
N (y):				
Agent Information (optional)				
Agent Name:				
Mailing Address:		City:		State:
Zip Code:	Telephone Number:		Email Address:	
Signatures				
<p><i>I, the undersigned, hereby request a Riparian Grant from the State of New Jersey. I recognize that the State is under no obligation to issue the desired Grant and that said Grant is not valid until delivered. Furthermore, I certify that all of the above information is true and accurate. I understand that, should any of this information prove false, the State of New Jersey may deny my application for a Tidelands Grant or seek to invalidate any conveyance that has been delivered.</i></p> <p><input type="checkbox"/> <i>I agree to act as my own representative in all matters pertaining to my Tidelands Grant.</i></p> <p><input type="checkbox"/> <i>I authorize the person named above to act as my agent in all matters pertaining to my Tidelands Grant. I understand that the Bureau of Tidelands Management will correspond only with this agent. Furthermore, I understand that I should direct future questions or concerns regarding my conveyance to my agent. This agreement will remain in effect unless I submit written notification to the Bureau of Tidelands Management.</i></p>				
Signature of Title Holder:				Date:
Print Name:				
Signature of Title Holder:				Date:
Print Name:				