

*NEW JERSEY NATURAL LANDS TRUST*

*Leave a Legacy of Land*



*Application for Sale or Donation of Real Estate*

*Thank you for your interest in protecting your land with the  
New Jersey Natural Lands Trust. As a landowner, you have the opportunity to leave  
a legacy--by preserving land in its natural state for enjoyment by the public  
and protecting natural diversity.*

*New Jersey Natural Lands Trust*  
P.O. Box 404,  
Trenton, NJ 08625-0404  
Tel: (609) 984-1339; Fax: (609) 984-1427

## Application for Sale or Donation of Real Estate

Return to: \_\_\_\_\_

NJ Natural Lands Trust  
P.O. Box 404, 22 S. Clinton Ave..  
Trenton, NJ 08625-0404  
Contact: (609) 984-1339

Fax: (609) 984-1427

For G.A. Use Only

Date Received: \_\_\_\_\_  
Offer Number: \_\_\_\_\_  
Approved: \_\_\_\_\_  
Denied: \_\_\_\_\_

### Owner Information

Property Owner's Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Full name

Co-Owner's Name \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_  
Full name

Property Owner's Mailing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

If applicable, check if the property is owned by a(n): Estate \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

### Property Information

Municipality: \_\_\_\_\_ County: \_\_\_\_\_

Please provide the following information, which is available from your most recent tax bill(s):

Block #	Lot #	Assessed Value	Farmland Assessed?	Annual Property Taxes	Acres per Lot
_____	_____	\$ _____	Yes / No	\$ _____	_____
_____	_____	\$ _____	Yes / No	\$ _____	_____
_____	_____	\$ _____	Yes / No	\$ _____	_____
_____	_____	\$ _____	Yes / No	\$ _____	_____

Total Acres: \_\_\_\_\_

Property Address or Nearest Street: \_\_\_\_\_

Municipal Zoning District: \_\_\_\_\_  
(available from municipal zoning officer)

Date you acquired title to the property: \_\_\_\_\_

Are there any structures located on the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe & provide photos of all outstanding structures \_\_\_\_\_  
\_\_\_\_\_

Current use of property: \_\_\_\_\_

Have any commercial activities ever taken place on this property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Are there any leases, rental agreements, easements or deed restrictions affecting the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Are there any mortgages or liens on the property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

Have you ever applied here or elsewhere to sell this property for preservation?  Yes  No

If yes, please describe: \_\_\_\_\_

Have you pursued, or are you pursuing, any subdivision or development approvals on the property?  Yes  No

If yes, please describe: \_\_\_\_\_

Dates of Prel. & Final Approvals: \_\_\_\_\_ (Provide documentation of approvals)

Is the property currently listed for sale with a realtor?  Yes  No

If yes, please provide name and phone #: \_\_\_\_\_

What is your asking price for this property (required)?

\*NOTE: While the asking price is a key element in the evaluation of this property, it is non-binding, and is not a commitment on the part of the State of New Jersey to pay this amount should this property be selected for acquisition.

Please tell us about your property, including any unique or special environmental features, known historical associations, and any bodies of water on the property or bordering the property. (Use back of application if more space needed.)

**Representative Information**

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

What is this person's relationship to you (i.e., family member, realtor, attorney)? \_\_\_\_\_

Name of Representative: \_\_\_\_\_

Representative's Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

**Attachments**

Copies of the following documents are requested though not required for application:

Tax Map:  Yes  No Title Insurance Policy:  Yes  No

Deed of Property:  Yes  No Survey:  Yes  No

Structure Photos:  Yes  No

**Owner Certification**

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 authorize the staff of the Green Acres Program to conduct such site inspections on the property as are necessary to this application.

\_\_\_\_\_  
Signature of Owner (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner (Co-Applicant)

\_\_\_\_\_  
Date