



New Jersey Department of Environmental Protection
Site Remediation Program

APPLICATION FOR AN ISRA CERTIFICATE OF LIMITED CONVEYANCE

Date Stamp (For Department use only)

The purpose of this application is to obtain the New Jersey Department of Environmental Protection's approval of a Certificate of Limited Conveyance pursuant to the Industrial Site Recovery Act, N.J.A.C. 7:26B-5.7. The Department may require the applicant to submit additional information and documentation to support the applicant's certifications contained in this application.

SECTION A. INDUSTRIAL ESTABLISHMENT

Date: _____

Name: _____

Street Address: _____

Municipality: _____ (Township, Borough or City)

County: _____ Zip Code: _____

SIC Code: _____

Municipal Block(s) and Lot(s): Block # _____ Lot # _____

Block # _____ Lot # _____ Block # _____ Lot # _____

Block # _____ Lot # _____ Block # _____ Lot # _____

Block # _____ Lot # _____ Block # _____ Lot # _____

Block # _____ Lot # _____ Block # _____ Lot # _____

Owner(s): _____

Operator(s): _____

1. Is this site presently undergoing an ISRA Review? [] Yes [] No

If "Yes," please provide the case number _____. If "No," submit an ISRA General Information Notice with this application.

2. Please provide the case number of former ISRA cases as applicable.

ISRA case number(s): _____ No former ISRA review []

3. Have Certificates of Limited Conveyance been issued for any portions of the Industrial Establishment? [] Yes [] No

If "Yes," attach a copy of each certificate.

SECTION B. DESCRIPTION AND MAP OF INDUSTRIAL ESTABLISHMENT

Please describe the property to be conveyed and provide a scaled site map which clearly identifies the industrial establishment and the portion to be conveyed. The scaled site map shall depict the total area of the industrial establishment and any improvements, total acreage to be conveyed and any improvements and any acreage previously granted a certificate of limited conveyance. (attach additional sheets as necessary)

SECTION E. PERSON RESPONSIBLE FOR CONDUCTING THE REMEDIATION INFORMATION AND CERTIFICATION

Full Legal Name of the Person Responsible for Conducting the Remediation: _____

Representative First Name: _____ Representative Last Name: _____

Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Email Address: _____

Does the listed individual or firm own the: property, business, or both?

This certification shall be signed by the responsible party who is submitting this notification in accordance with Administrative Requirements for the Remediation of Contaminated Sites rule at N.J.A.C. 7:26C-1.5(a).

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, including all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, to the best of my knowledge, I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute, I am personally liable for the penalties.

Signature: _____ Date: _____

Name/Title: _____ **No Changes Since Last Submittal**

Have you enclosed a check or money order for \$600?..... Yes No

Check Number _____

Completed forms should be sent to:

Bureau of Case Assignment & Initial Notice
Site Remediation Program
NJ Department of Environmental Protection
401-05H
PO Box 420
Trenton, NJ 08625-0420