



**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**

Site Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Municipal Block(s) and Lot(s):

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

Owner(s): \_\_\_\_\_

Operator(s): \_\_\_\_\_

- 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.
- Please provide the case number of former ISRA cases as applicable.  
 ISRA case number(s): \_\_\_\_\_ No former ISRA review
- 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 C. APPRAISAL INFORMATION**

Please provide the following information and attach the three supporting appraisals required to qualify for a Certificate of Limited Conveyance. Be advised, the appraisals must have been conducted no more than one year prior to submission of the application. Likewise, the Appraisal must have been conducted by a MAI or SRPA designated member of the Appraisal Institute or an Accredited Senior Appraiser, American Society of Appraisers.

1. Date of the Appraisals: \_\_\_\_\_

2. Appraisals Conducted by:

Name: \_\_\_\_\_

Association: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Total appraised value of the Industrial Establishment: \$ \_\_\_\_\_

4. Appraised value of the portion to be conveyed:  
(may not exceed one third of the total appraised value) \$ \_\_\_\_\_

5. Appraised value of the remaining property if the certificate of limited conveyance were issued: \$ \_\_\_\_\_

6. Sales price or fair market value of the real property to be conveyed : \$ \_\_\_\_\_

**SECTION D. ADDITIONAL ATTACHMENTS**

1. As a separate attachment, a copy of the sales agreement specifying the agreed upon sales price for the real property presently proposed for conveyance or, in the case of an acquisition by a condemning authority where no agreement has been reached, an affidavit from the owner specifying the compensation, including any damages sought by the owner, and the current appraised value.

2. If applicable, list any additional attachments which are included with this application to support the certification:

3. Include a \$600 certified check, attorney check, money order or a personal check (if received sixty (60) days prior to issuance of the document) made payable to the "Treasurer, State of New Jersey," for processing of this application for a Certificate of Limited Conveyance.

Check Number \_\_\_\_\_

**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**

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