New Jersey Department of Environmental Protection

Application for Sale

BLUE ACRES PROGRAM

A program to acquire flood-prone land in the State of New Jersey, and to dedicate those lands that are purchased for recreation and conservation purposes.

Thank you for your interest in selling your property through the Blue Acres Program.

For more information contact:

NJDEP Blue Acres Program Mail
Code 401-07B
P.O. Box 420
Trenton, NJ 08625-0420
Tel: 609-940-4140
Fax: 609-292-8105
https://dep.nj.gov/blueacres/

Revised 05/03/2022
Application for Blue Acres Acquisition

Return to:
NJDEP Blue Acres Program
Mail Code 401-07B, P.O. Box 420
Trenton, NJ 08625-0420
Contact: (609) 940-4140 Fax: (609) 292-8105
Web: https://dep.nj.gov/blueacres/

A. Owner Information

Property Owner’s Name: ___________________________ Daytime Telephone: ___________________________

Co-Owner’s Name: ___________________________ Daytime Telephone: ___________________________

Property Owner’s Mailing Address: ___________________________

City, State & Zip Code: ___________________________

Email Address: ___________________________ Primary Residence: YES / NO

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

Please indicate relationship of individual(s) listed on deed: M / D / W Parent/Child Sibling Other _________

B. Property Information

Municipality: ___________________________ County: ___________________________

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

<table>
<thead>
<tr>
<th>Block #</th>
<th>Lot #</th>
<th>Assessed Value</th>
<th>Farmland Assessed?</th>
<th>Annual Property Taxes</th>
<th>Acres per Lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Yes / No</td>
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</tbody>
</table>

(Use back of application if more space needed.)

Total Acres: ___________________________

Property Address (e.g. 123 Main St): ___________________________

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.

Date you acquired title to the property: ___________________________ Date of last flood event: ___________________________

Were there any structures located on the property at the time of the last flood? ________ Yes ________ No

If yes, what type of structure? Single Family Residential: ________ Commercial (describe): ________

(check all that apply) Multi Family Residential: ________ Other (shed, garage, etc.) ________

Was this structure someone’s primary residence at time of last flood event? Yes: ________ No: ________

If yes, what type? Owner-occupied ________ Rental: ________ Both: ________

Current use of property: ___________________________

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

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

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

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

If yes to any of above, please describe: ___________________________
What is the name of the closest water body? 

Do you have a completed elevation certificate? ___ Yes ___ No

Is the property insured with a flood insurance policy under the National Flood Insurance Program? ___ Yes ___ No

Have you received a flood claim payment from National Flood Insurance Program (NFIP)? ___ Yes ___ No

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

If yes, please describe purpose: 

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

If yes, please provide name and phone #: 

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.)

C. Representative Information: Only complete this section if you want someone other than yourself to be the primary contact:

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, Power of Attorney)? 

Name of Representative: 

Representative’s Street Address: 

City, State, Zip Code: 

Daytime Telephone: __________________________ E-mail Address: 

Signature of Representative: __________________________

D. Optional Attachments

Please provide copies of the following documents, if available:

Deed of Property: ___ Yes ___ No 

Title Insurance Policy: ___ Yes ___ No

Photos of Damaged Structures: ___ Yes ___ No

Survey: ___ Yes ___ No

Elevation Certificate: ___ Yes ___ No

Other (describe): ___ Yes ___ No

E. 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, or their designee, to conduct such site inspections on the property as are necessary to this application. I understand that the State will not use its eminent domain authority to acquire the property for open-space purposes if I choose not to participate, or if negotiations fail.

Note: All persons having an ownership interest must sign as owners (Use back of application if more space needed). Pursuant to P. L. 2005, C.51; certain political contributions exceeding $300 may preclude the State from purchasing the landowner’s property. For more information, please consult www.state.nj.us/treasury/purchase/execorder134.htm or contact us.

Signature of Owner (Applicant) __________________________ Date __________________________

Signature of Owner (Co-Applicant) __________________________ Date __________________________