



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



TIDELANDS LEASE 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 Tidelands Lease from the State of New Jersey. I understand that construction may not be performed until said Lease is delivered. I also understand that the State has the right to revoke any Lease as set forth in N.J.S.A 12:3-10. Furthermore, I agree to abide by the terms and conditions contained in the Lease Document.</i></p> <p><input type="checkbox"/> <i>I agree to act as my own representative in all matters pertaining to my Tidelands Lease.</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 Lease. 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:					