



State of New Jersey
 Department of Environmental Protection
 Bureau of Tidelands Management
 P.O. Box 439
 Trenton, NJ 08625-0439



RIPARIAN GRANT 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:	
N.A.D. 1983 State Plane Coordinates (feet) 6 digits only (if known): E (x):			
N (y):			
Purchase Date:		Sale Date (if applicable):	
Agent Information (optional)			
Agent Name:			
Mailing Address:			
City:	State:	Zip Code:	
Telephone Number:		Email Address:	

FOR OFFICE USE ONLY
Grant File #:
Cross Reference # (if applicable):

1. Do you have title insurance for this property?

YES

NO

If YES, please provide a true copy of the entire policy.

Signatures

I, the undersigned, hereby request a Riparian Grant from the State of New Jersey. I recognize that the State is under no obligation to issue the desired Grant and that said Grant is not valid until delivered. Furthermore, I certify that all of the above information is true and accurate. I understand that, should any of this information prove false, the State of New Jersey may deny my application for a Tidelands Grant or seek to invalidate any conveyance that has been delivered.

I agree to act as my own representative in all matters pertaining to my Tidelands Grant.

I authorize the person named above to act as my agent in all matters pertaining to my Tidelands Grant. 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.

Signature of Title Holder:

Date:

Print Name:

Signature of Title Holder:

Date:

Print Name: