



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



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:	
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
Lease File #:
Cross Reference # (if applicable):

Signatures

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

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.

Signature of Title Holder:

Date:

Print Name:

Signature of Title Holder:

Date:

Print Name: