



TIDELANDS LICENSE APPLICATION FORM

PLEASE INCLUDE 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:			
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):	
Purpose of Application			
Please select all that apply:			
<input type="checkbox"/> Fixed Structure License (i.e. docks, piers, mooring piles, floating docks, boat lifts, riprap, etc.)			
<input type="checkbox"/> Bulkhead Extension License			
<input type="checkbox"/> Marina, Yacht or Boat Club License			
<input type="checkbox"/> Dredging License			
<input type="checkbox"/> Utility (One Fee) License			
<input type="checkbox"/> Bridge License			
<input type="checkbox"/> Modification of Existing License File# _____			
<input type="checkbox"/> To Respond to a DEP Notice of Action (NOA) or Notice of Violation (NOV)			
<input type="checkbox"/> Other (please explain)			

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

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