Green Acres Program
Acquisition Identification and Acquisition Plan

INSTRUCTIONS FOR THE LAND SURVEYOR PREPARING ACQUISITION DOCUMENTS

SELLER’S NAME______________________________________  OWNER FILE No. ________

1 IDENTIFICATION OF ALL PARTNERS (state % if acquisition is TENANCY-IN-COMMON)
☐ STATE OF NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION __ __ __ __ __ %
☐ COUNTY ____________________________ __ __ __ __ __ %
☐ MUNICIPALITY__________________________ __ __ __ __ __ %
☐ NON-PROFIT___________________________ __ __ __ __ __ %
☐ EIFP PURCHASE BY ____________________________

2 GREEN ACRES PROJECT NAMES AND GA FUNDING PROJECT NUMBER BY PARTNER
☐ NJDEP ____________________________ SA-2000-_______
☐ COUNTY ____________________________ __ __ __ __ __ __ __ __
☐ MUNICIPALITY__________________________ __ __ __ __ __ __ __ __
☐ NON-PROFIT___________________________ __ __ __ __ __ __ __ __

3 MANAGING AGENCY FOLLOWING ACQUISITION
☐ NJDEP ____________________________
☐ COUNTY ____________________________
☐ MUNICIPALITY__________________________
☐ NON-PROFIT___________________________

4 GENERAL COURSE OF ACTION FOR ACQUISITION
☐ IMMEDIATELY REPORT ENCROACHMENT AREAS FOR POSSIBLE PARTIAL TAKING
☐ IMMEDIATELY REPORT DEED OVERLAP AREAS
☐ GORE AREA REQUIRE SEPARATE DEED DESCRIPTION FOR QUIT-CLAIM OF INTEREST DEED
☐ __________________________________________________________________________
☐ __________________________________________________________________________
☐ __________________________________________________________________________

5 SPECIAL CIRCUMSTANCES AND INSTRUCTIONS TO SURVEYOR
☐ Use State Land Acquisition Scope of Work
  ☐ Omit All Notifications EXCEPT ____________________________
  ☐ Use Fiberglass Posts for line markers (acceptable to use pins if not checked)
  ☐ Omit Setting Any Line Markers EXCEPT ____________________________
  ☐ Set line Markers at intervals of ____________feet to ________________feet apart.
☐ Use Local/Nonprofit Scope of Work
  ☐ Submit (___)progress printsto ______________________ by _______________ (none required if not checked)
Other __________________________________________________________________________

6 SITE MEETING REQUIRED ON ____________________ (none required if not checked)
7 DAYS TO COMPLETE ASSIGNMENT: __________
8 ESTIMATED CLOSING DATE: ______ / ______ / ______ Form dated 1/2006