



**ILLINOIS
FOREST LEGACY PROGRAM**

APPLICATION PACKAGE

FOR OFFICE USE ONLY

Application Number: _____

Date:

STATE OF ILLINOIS
FOREST LEGACY PROGRAM
LANDOWNER INSPECTION CONSENT AGREEMENT

I, _____ As the land owner agree to allow inspection, appraisal, and survey of my property being offered for consideration under the Forest Legacy Program. I agree to allow members of the USDA Forest Service or the Illinois Department of Natural Resources or the Illinois Stewardship Committee or their designated staff, to inspect the property, as may be required, at any time. I shall be notified in advance of all inspection visits.

I am aware that the sale of lands or interests in lands for the Forest Legacy Program is strictly voluntary on my part. If negotiations between Illinois or its agent and myself or my designee do not result in an agreed upon price, the lands or interests in lands will not be purchased for Forest Legacy purposes.

Signature of Landowner

Date

Signature of Representative
of Applying Agency

Date

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Received by: _____ Application Number: _____ Date: _____

STATE OF ILLINOIS
DEPARTMENT OF NATURAL RESOURCES
Application for enrollment in the
FOREST LEGACY PROGRAM
In cooperation with
United States Department of Agriculture
Forest Service

APPLICANT INFORMATION:

Landowner's Name:

Mailing Address:

Daytime Telephone Number:

Contact Person:

Mailing Address:

Daytime Telephone Number:

Congressional District:

Illinois House District:

Illinois Senatorial District:

PROPERTY INFORMATION:

Legal Description: County _____ Township _____
Range _____ Section _____

Assessor's Plat(s) and Lot(s):

Deed Reference (book and page number):

Current Local Zoning where property is located
(Include minimum lot size and road frontage):

Current tax valuation or recent
appraisal (attach if available)

Property's Total Forested Acres:

Forested Acres of Tract Offered For Forest Legacy:

Acres of Cleared/Open Land:

App-B-3

LANDOWNER GOALS AND OBJECTIVES

Describe your long-term goals and objectives for this parcel:

TRADITIONAL FOREST VALUES

What is/are the “Traditional” use(s) of this forest land?

LANDOWNER COMMENTS

What, in your opinion, is the “Threat of Conversion to Non-Forest Use’ of the parcel proposed for enrollment in the Forest Legacy Program? Be Specific.

Do you currently have a forest management plan? _____ If so, please provide a copy.

LOCAL ENDORSEMENT

What local conservation related plan and/or organizations support this application? Name the plan and/or organizations, and include a letter of support from the organizations and explanation of how the inclusion of your property helps meet the goals of the protection strategy of the plan.

It is important that the following section be carefully and fully completed. The information you supply will directly affect the desirability of the parcel as well as its appraisal value and therefore, ranking. Note that checking "yes" does not limit your ability to negotiate price and options in the future, it merely assists the Forest Legacy Committee when evaluating your parcel.

Indicate which of the following interests you **desire to retain**: (These should be the rights you want to retain. All other rights could become the property of the State of Illinois if the State has a desire to purchase these rights, and upon successful completion of negotiations between the Illinois Department of Natural Resources and yourself.)

Yes Maybe

- _____ _____ Development Rights
- _____ _____ Timber and wood product rights
- _____ _____ Water rights
- _____ _____ Mineral rights
- _____ _____ No public access
- _____ _____ Hunting
- _____ _____ Fishing
- _____ _____ Camping
- _____ _____ Hiking or other passive recreation
- _____ _____ Bicycling
- _____ _____ Horseback riding
- _____ _____ Grazing
- _____ _____ Farming
- _____ _____ Construction of roads
- _____ _____ Motorized access
- _____ _____ Expansion of existing improvements
- _____ _____ Mushroom/Ginseng/Craft Material Collection
- _____ _____ Other:

CONFIDENTIAL

The following information shall remain strictly confidential until such time as: (1) the application is approved and all financial transactions are concluded, or (2) all title holders give written permission to release the information.

FINANCIAL INFORMATION

State the value of the interests to be enrolled in the Forest Legacy Program, and the method used to determine that value (Appraisal, landowner estimate, etc.).

What is/are the estimated sale price(s) of the interests being offered?

State the value of the landowner(s) contribution, if any, either in donated value of in-kind services.

LIENS AND ENCUMBRANCES

List any and all liens and encumbrances on the property proposed for enrollment in the Forest Legacy Program. Examples: utility easements, public rights of way, water flowage or use restrictions, septic system or water easements, deed restrictions, tax liens, etc.

The information provided above is true to the best of my/our knowledge and belief. ALL TITLE HOLDERS MUST SIGN.

PRINT NAME(s)	SIGNATURE	DATE
_____	_____	
_____	_____	
_____	_____	

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FOREST LEGACY PROGRAM - checklist

With your Forest Legacy Program application package, please submit two (one original and one copy) of the following for each contiguous parcel:

- _____ Completed application
- _____ Name(s) and address(s) of other owner(s) of record for this tract (pg. App-B-3)
- _____ Signed consent agreement (pg. App-B-2)
- _____ Copy of road map indicating location of property
- _____ Copy of plat or survey map of the parcel
- _____ Aerial photo (can be obtained through your local FSA or NRCS office)
- _____ Legal description (if available)
- _____ List of existing permanent improvements on the tract, including houses, barns, lakes, ponds, dams, wells, roads and other structures, and total number of acres occupied by improvements.
- _____ Map identifying all dams, dumps, or waste disposal sites on the property
- _____ Forest management plan (if applicable)

Mail the above material to:

Forest Legacy Program
Illinois Department of Natural Resources
One Natural Resources Way
Springfield, IL 62702-1271

NOTE: All materials become the property of the State of Illinois and are non-returnable.

Disclosure of this information if **VOLUNTARY**; however, failure to comply may result in this form not being processed.

This information may be provided in an alternative format if required. Contact the IDNR Clearinghouse at 217/782-7498 for assistance.

App-B-7