

ILLINOIS FOREST LEGACY PROGRAM

APPLICATION PACKAGE

FOR OFFICE USE ONLY

Application Number:	Date:
STATE OF FOREST LEGA LANDOWNER INSPECTION	CY PROGRAM
I,	mbers of the USDA Forest Service or the the Illinois Stewardship Committee or their
I am aware that the sale of lands or interests is strictly voluntary on my part. If negotiations my designee do not result in an agreed upon purchased for Forest Legacy purposes.	between Illinois or its agent and myself or
Signature of Landowner	Date
Signature of Representative of Applying Agency	- Date

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Receive	ed by: Application Number:_		Date:
	STATE OF ILLIN DEPARTMENT OF NATURA Application for enrolln FOREST LEGACY PE In cooperation w United States Department of Forest Service	L RESOURCES nent in the ROGRAM with of Agriculture	
·-	CANT INFORMATION:		
	Landowner's Name:		
]	Mailing Address:		
(Daytime Telephone Number: Contact Person: Mailing Address:		
	Daytime Telephone Number: Congressional District:		
]	Illinois House District:		
]	Illinois Senatorial District:		
PROPER	RTY INFORMATION:		
]	Legal Description: County	Township	
	Range	Section	
1	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:		
1	Acres of Cleared/Open Land:		

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 <u>desire to retain</u>: (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.)

<u>Yes</u>	<u>Maybe</u>
	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.

<u>FINAN</u>

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.
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 I	PROGRAM - checklist
With your Forest Legacy Program application pa	ackage, please submit two (one original and one
copy) of the following for each contiguous parce	el:
Completed application	
Name(s) and address(s) of other of	owner(s) of record for this tract (pg. App-B-3)
Signed consent agreement (pg. A	pp-B-2)
Copy of road map indicating loca	ation of property
Copy of plat or survey map of the	e parcel
Aerial photo (can be obtained thro	ough your local FSA or NRCS office)
Legal description (if available)	
List of existing permanent improv	vements on the tract, including houses, barns,
lakes, ponds, dams, wells, roads a	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 applied	cable)
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.

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