

LANDOWNER APPLICATION
Phase 1 – Initial contract document

KENTUCKY'S FOREST LEGACY PROGRAM
FEE SIMPLE APPLICATION

SITE NAME: _____ TOTAL ACREAGE: _____

COUNTY: _____

LANDOWNER(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ E-MAIL: _____

PROPERTY INFORMATION:

Legal Description: _____ Agent: _____

County: _____ Tax Map #: _____

Assessor's Plat and Lot Numbers: _____

Deed Reference (Book and Page Number): _____

Current Local Zoning Where Property Is Located: _____

(Include minimum lot size and road frontage requirements): _____

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: _____

Directions to Property: _____

FOREST TYPES: (Check all that apply)

Bottomland Hardwoods: _____ Upland Hardwoods _____

Natural Pine: _____ Pine Plantation: _____

Mixed Pine/Hardwoods: _____ Other: _____

WATER RESOURCES: (Check all that apply)

Rivers and Creeks	_____	Names:_____
Lakes and Ponds	_____	Sizes:_____
Wetlands	_____	Sizes:_____
Others:	_____	List:_____

ENVIRONMENTALLY IMPORTANT FEATURES: (Use additional sheets if needed)

NATURAL COMMUNITIES:

RARE PLANT OR ANIMAL SPECIES:

UNUSUAL LANDFORMS:

SCENIC FEATURES:

ADJACENT LAND OWNERSHIPS:

FEDERAL _ STATE _ FOREST INDUSTRY__ PRIVATE _ OTHER_____

LEINS AND ENCUMBRANCES

List any and all liens and encumbrances on the property proposed for enrollment in the Forest Legacy Program. Examples: mineral rights, utility easements (gas lines, power line), public rights of way, water flow or use restrictions, septic systems or water easements, deed restrictions, tax liens, etc.

The information provided above is true to the best of my/our knowledge and belief.

ALL TITLEHOLDERS MUST SIGN.

PRINT NAME(S)

SIGNATURE

DATE

Disclaimer: All property accepted into the Forest Legacy Program is based on appraisal values meeting federal standards.

**Send this Fee Simple Application, Landowner Inspection Consent Agreement, and
Landowner Application Check List Material (aerial photograph, Maps etc.)**

To:

**Kentucky's Forest Legacy Program
Kentucky Division of Forestry
300 Sower Blvd. 4th Floor
Frankfort, KY 40601**

FOR OFFICE USE ONLY

Received by: _____ Application Number: _____

Date: _____

**COMMONWEALTH OF KENTUCKY
FOREST LEGACY PROGRAM**

Landowner Inspection Consent Agreement

I, _____ as the landowner or the landowner's authorized agent (proof of authorization must accompany this document) 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 Kentucky Division of Forestry 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.

Signature of Landowner(s) or Agent

Date

Kentucky Division of Forestry

Date

Title

FOR OFFICE USE ONLY

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**COMMONWEALTH OF KENTUCKY
FOREST LEGACY PROGRAM**

Landowner Application Check List

With your Fee Simple application or Conservation easement application, please submit four copies of the following for each contiguous parcel:

- _____ Completed fee simple application or conservation easement application
- _____ Name(s) and address(es) of other owner(s) of record for this tract
- _____ Signed Landowner Inspection Consent agreement
- _____ **Copy** of road map indicating property location
- _____ **Copy** of plat or survey map of the property
- _____ **Copy** of Aerial photo (may be obtained through your local Farm Services Agency County Office)
- _____ Legal Description (if available)
- _____ List of existing permanent improvements on the property, including houses, barns, lakes, ponds, dams, wells, roads, and other structures, and the total number of acres occupied by improvements.
- _____ Map identifying all dams, dumps, or waste disposal sites on the property (if available).
- _____ Forest Stewardship Plan or Forest Management Plan (if available)

Disclaimer: All materials submitted with application are not returnable. Disclosure of this information is voluntary; however, failure to comply may result in this form not being processed.

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In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.ocio.usda.gov/document/ad-3027>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410; o*
- (2) Fax: (833) 256-1665 or (202) 690-7442; or*
- (3) Email: program.intake@usda.gov.*

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