



WEST VIRGINIA DIVISION OF FORESTRY Cooperative Forest Legacy Program



For Office Use Only

Date Received: _____ Initials of Person Receiving: _____
Assigned Chronological Application Number: _____ Assigned By: _____

APPLICATION

Landowner's Name: _____

Landowner's Mailing Address: _____

Work Telephone Number: _____

Home Telephone Number: _____

Cellular Telephone Number: _____

Email address: _____

Contact Person (if other than landowner): _____

Contract Person's Mailing Address: _____

Daytime Phone Number: _____

Property Located in: Magisterial District _____ County _____

Property Referenced in Deed Book _____ Page _____

Tax Map _____ Parcel _____

Total Forested Acres: _____ Acres considered for easement: _____

ADDITIONAL LANDOWNER INFORMATION REQUIRED

1. Landowner must provide certification of ownership stating that the landowner has clear title of the property. (i.e. tax records / receipts)
2. The landowner must submit a copy of a topography map no larger than 11" x 17" and shall have the property boundary lines clearly identified.

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Landowner Consent Agreement For Property Inspection

As the owner of land being offered for enrollment in the West Virginia Forest Legacy Program, I hereby grant permission for designated individuals of the West Virginia State Forest Stewardship Coordinating Committee, the West Virginia Division of Forestry and the U. S. Forest Service, at their own personal and property risk, to enter upon the offered property during reasonable working hours to inspect it to determine the merits of the application. It is understood that I will be given at least a day's notice of any inspection that is to be performed. It is also understood that I will be provided copies of all documents prepared from information and data gathered during the inspection.

Landowner

Date

West Virginia Division of Forestry Witness

Date

FLP PROJECT NAME _____

Participation in Division of Forestry Programs is open to all eligible applicants without regard to race, color, religion, national origin, age, sex, marital status, or disability. To file a complaint of discrimination write: WV Division of Forestry, 1900 Kanawha Blvd., East, Charleston, WV 25305. The WV Division of Forestry is an equal opportunity employer.