TREE GROWTH APPLICATION SCHEDULE

(Title 36, M.R.S.A., Sections 571 through 584-A) Please refer to Property Tax Bulletin #19 for detailed information

This schedule is to be filed on or before April 1 of the year in which classification is requested. This schedule is also to be utilized by the landowner in reporting changes in forest types and periodic refiles.

<u>PART A.</u>

naming / tak	dress:	Number and Street			PO Box
C	ity	State	Zip Co	ode	Phone Number
ocation of	Parcel:				
	n of Parcel:	ship or Municipality			County
aominoane		Гах Мар		Plan	Lot
Structures	or Improvements		es DNO	1 st Year	r of Classification:
A. FOR	EST TYPE LAND	DS			
	<u>Type</u>				<u>Acres</u>
	Softwood				
	Mixed Wood Hardwood				
			TOTAL A	ACRES:	
3. LAN					
J. LAN	ND UNSUITABLE FOR COMMERCIAL FOREST PRODUCTI				
	<u>Type</u>				<u>Acres</u>
	Natural Water Areas (lakes, ponds, rivers, etc.) Man-Made Water Areas (reservoirs, etc.) Wetlands and Barrens (swamp, marsh, ledge, etc.)				
		Barrens (Swamp,	TOTAL A		
C. LAN	LAND NOT USED PRIMARILY FOR COMMERCIAL FOREST PRODUCTION				
	<u>Type</u>				<u>Acres</u>
	Vacant Unfore				
	Blueberry Lan Other Agricult				
		ravel, quarry or m	ining area		
		Line or Pipeline R			
		Roads, Class 1 (Two-lane all season road)			
		2 (Single-lane sea	asonal road		
	Building Areas				
	Forest Land (N Other Areas	voi Gassilleuj			
	TOTAL ACRES:				
D. TOT	AL AREA OF PA	RCEL			

PART B. OWNER MUST CHECK OFF AND COMPLETE ONE OF THE FOLLOWING CATEGORIES UNDER WHICH ELIGIBILITY IS BEING SOUGHT:

Category 1 Owner certifies that a Forest Management and Harvest Plan has been prepared for the parcel;

- **Category 2** Continuing in compliance; Parcel has been inspected and deemed to be managed in accordance with applicable Forest Management and Harvest Plan (review for compliance required every 10 years); OR
- **Category 3** Transfer of Classified Land: Within one-year after the transfer date of classified land, new owner must either; comply with category 1 or, if owner intends to continue under previous owner's plan, provide transfer date of land, date that previous owner's plan was prepared and the number and signature of a licensed professional forester to stipulate land is being managed in accordance with previous owner's plan.
- 1. FOREST MANAGEMENT AND HARVEST PLAN: I hereby swear that I am following the provisions of the Forest Management and Harvest Plan prepared for the parcel.

Date plan prepared: ______ Forester license number: ______

Name of Licensed Forester that approved/prepared the plan:_____

2. EVIDENCE OF COMPLIANCE, RECERTIFICATION: I hereby swear that I have inspected the parcel and that the owner is following recommendations under the applicable Forest Management and Harvest Plan.

Parcel Inspection Date:_____ Forester license number:_____

Name of Licensed Forester (please print)

Signature of Licensed Forester

3. TRANSFER OF LAND CLASSIFIED BY FORMER OWNER: Transfer date:

Date previous owner's plan was prepared:_____ Forester license number:_____

Name of Licensed Forester (please print)

Signature of Licensed Forester

NOTE: Signature of licensed professional forester may be accepted as foresters' statement that: Land is being managed in accordance with the plan prepared for the previous owner. *New owner adopting plan prepared for previous owner must re-file under category 2 within ten years from the date that previous owner's plan was prepared.* Failure to certify under category 2 by the applicable date for ten-year inspection of land will disqualify land from classification under Tree Growth and the landowner must pay a substantial penalty for withdrawal (36 MRSA § 581).

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct and complete.

Date

Signature of Owner/Owners

NOTE: Landowners should pay particular attention to the provisions of 36 MRSA §581 and 12 MRSA § 8883 which provide for substantial penalty upon the landowner for a change in use of forest land classified under the Tree Growth Tax Law. Please review Bulletin #19 for additional information.

Approved Denied_____

Assessor's Signature