



Farmland and Open Space Preservation Program

APPLICATION FOR DESIGNATED OPEN SPACE EASEMENT

(Part 361 of the Natural Resources and Environmental Protection Act, 1994 Act 451 as amended. Please read the Requirements and Instructions before filling out this form. Please print or type. Attach additional sheets as needed.)

OFFICIAL USE ONLY

Local Governing Body:

Date Received: _____

Application No.: _____

State on appeal: _____

Date Received: _____

Application No.: _____

Approved: _____ Rejected: _____

I. Personal Information:

1. Name of Applicant: _____
(If more than two see #12) Last First Initial

Marital Status: Married Single Divorced Widowed

2. Mailing Address: _____
Street City State Zip Code

3. Telephone Number: (Area Code) () _____ Cell() _____

II. Property Location: (Can be taken from the deed.)

4. County: _____ Township, City or Village: _____

5. Section No.: _____; Town No.: _____; Range No.: _____

III. Legal Information:

6. Attach a clear copy of the deed, land contract or memorandum of land contract. (See #11)

7. Attach a clear copy of the most recent property tax assessment notice or tax bill.

8. Is there a tax lien against the land described above? Yes No

If "Yes," please explain circumstances: _____

9. Does the applicant own the mineral rights? Yes No

If owned by the applicant, are the mineral rights leased? Yes No

Indicate who owns or is leasing rights if other than the applicant: _____

Name the types of mineral(s) involved: _____

10. Is land cited in the application subject to a lease agreement (other than for mineral rights) permitting a use for something other than agricultural purposes: Yes No If yes, indicate to whom, for what purposes and the number of acres involved: _____

11. Is land being purchased under land contract? Yes No; If "Yes," indicate vendor (seller):
Name: _____

Street City State Zip Code

11a. Part 361 of the Natural Resources and Environmental Protection Act, 1994 Act 451 as amended, states that the vendor (seller) must agree to allow the land cited in the application to be enrolled in the program. Please have the land contract *seller* sign below. (All sellers must sign.)

Land Contract Seller:

I, the undersigned, understand and agree to permit the land cited in this application into the Farmland and Open Space Preservation Program.

(Date)

(Signature of Land Contract Vendor (Seller))

12. If the applicant is one of the following, please check the appropriate category and complete the following information (not applicable to an individual not meeting one of the categories - please leave blank):

- Corporation Limited Liability Company Partnership
 Estate Trust Association
 2 or more persons having a joint or common interest in the land

If applicable, list the following: President, Vice President, Secretary, Treasurer, or trustees or members:

Name: _____
 Mailing Address: _____
 Street City State Zip Code

Name: _____
 Mailing Address: _____
 Street City State Zip Code

Name: _____
 Mailing Address: _____
 Street City State Zip Code

Name: _____
 Mailing Address: _____
 Street City State Zip Code

(Additional names may be attached on a separate sheet.)

IV. Land Eligibility Qualifications: (Check one and fill out correct section)

13. This application is for:
 ___ a. historic open space land, complete only section (14);
 ___ b. land situated on a natural river, complete only section (15); or
 ___ c. land designated under the Shoreland Management and Protection Act, complete only section (16).

14. Historic sites
 a. Indicate governmental authority which designated land as historic: _____

 b. Indicate date of approval _____ and registry number _____
 c. Number of acres or lot size: _____
 d. Indicate any structures or improvements made to the land cited in the application: _____

15. Natural River Land:
 a. Name of the natural river: _____
 b. Distance from the river: _____
 c. Number of acres or lot size: _____
 d. Has the area been zoned by the local governing body: Yes No.
 e. Date of adopted zoning ordinance: _____
 f. Indicate any structures or improvements made to the land cited in the application: _____

16. Shoreland Open Space:
 a. Date of designation by the State: _____
 b. Number of acres or lot size: _____
 c. Indicate any structures or improvements made to the land in the application: _____

17. Please draw a map (sketch) of the property, showing boundaries, structures and natural or man-made features such as lakes, ponds, swamps, streams, or rivers, woodlots, roads, or gravel pits. (Use space provided on page 4 or attach separate sheet.)

18. What is the number of years you wish the easement to run? (Minimum 10 years, maximum 90 years): _____

V. Signature:

19. The undersigned declare that this application, including any accompanying informational material, has been examined by them and to the best of their knowledge and belief is true and correct.

(Signature of Applicant(s))

(Corporation Name if Applicable)

(Signature of Co-Owner(s))

(Signature of Corporation Officer)

(Date)

(Title)

RESERVED FOR OFFICAL USE ONLY

Action by Local Governing Body: _____ Jurisdiction: _____
(county, township, city or village)

Date received by clerk: _____

This application is _____ approved _____ rejected. (If rejected, see
attached statement by local governing body.)

Date of approval or rejection: _____ Clerk's signature and seal: _____

If rejected, written statement or reasons must be attached to application and returned to the applicant. If local governing body has written statement regarding approval, that may also be attached together with all written comments from reviewing agencies. If approved, send the application and all supporting materials from reviewing agencies on to the: **Environmental Stewardship Division, Department of Agriculture, P.O. Box 30449, Lansing, MI 48909.**

(NOTE: Clerk – Please attach a list of all reviewing agencies with their mailing address and the name of the local assessor and the mailing addresses.)

Action by State: Date received: _____

Extension of time with applicant's consent: _____ (date) _____ (no. of days)

This application is _____ approved _____ rejected.

Date of approval or rejection _____

State Tax Commission Appraisal:

The current market value of the real property included in this application has been determined to be \$ _____.

The current fair market value of the real property exclusive of the open space development rights has been determined to be \$ _____. The value of the open space development rights has been determined to be \$ _____

Date forwarded to the Michigan Legislature: _____

Legislature Resolution Number _____

This application is _____ approved _____ rejected.

Date of approval or rejection: _____

Map of Designated Open Space Land Cited in Application Form:

- A. Show boundary of land cited in application.
- B. Show buildings such as houses, barns, etc., also sketch roads and other avenues of travel.
- C. Outline and designate the current uses of the property if possible.
- D. Show any significant natural features of the property.

County _____
Township _____
T _____ R _____ Section _____

