TREE GROWTH APPLICATION SCHEDULE

ASSESSOR'S USE ONLY Recertification Date:

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

СН	ECK O 1. 	•	-		be filed on or before April 1 st . e there any structures or		
<u>PA</u>	2.	New application for Adopted previous ov Recertification of for	parcel already clas vners forest manaç	sified gement plan	improvements on the property? Yes No		
1.	Name	Name of Owner(s):					
2.	Mailin	g Address:	DO D				
			Number and Street		PO Box		
		City	State	Zip Code	Phone Number		
3.	Locat	ion of Parcel:	vnship or Municipality		County		
4.		ification of Parcel(s):_					
			тах мар	Plan	Lot		
5.	A.	FOREST TYPE LAND:	S				
		<u>Type</u>			Number of Acres		
		1. Softwood			1		
		2. Mixed Woo	od		2		
		3. Hardwood			3		
				TOTAL ACRES:	4		
	B.	LAND UNSUITABLE FOR COMMERCIAL FOREST PRODUCTION					
		<u>Type</u>			Number of Acres		
			ater and/or Man-m	ade Water Areas	1		
			(swamp, marsh)		2		
		3. Ledges and	a Barrens		3		
				TOTAL ACRES:	4		
	C.	LAND NOT USED PRIMARILY FOR COMMERCIAL FOREST PRODUCTION					
		<u>Type</u>			Number of Acres		
		1. Building ar	eas		1		
		2. Fields			2		
		3. Gravel Pits			3		
		4. Quarry or 5. Transmissi	on Line or Pipeline	R/W area	4 5		
				erts, ditching, gravel)	6		
			ss 2 (unimproved		7		
		8. Blueberry	area		8		
)	9		
		10. Other Area	as (list	·	10		
				TOTAL ACRES:	11		
	D.	TOTAL AREA OF PA	ARCEL (A4 + B4	+ C11)			

PART B. To be completed by forester:	
Forester license number:	epared the plan: Forester telephone number: Date plan prepared:
Forester's signature required if plan is adopted or plan is rethat the owner is following recommendations under the ap	ecertified. I hereby swear that I have inspected the parcel and plicable Forest Management and Harvest Plan.
Signature of Licensed Forester	Date
OWNER MUST CHECK OFF AND COMPLETE ONE ELIGIBILITY IS BEING SOUGHT:	OF THE FOLLOWING CATEGORIES UNDER WHICH
Category 1 First year of classification for the parcel Category 2 New plan created for the parcel already clas Category 3 New owner adopted previous owners plan Category 4 Recertification of existing forest manageme	
	MANAGEMENT AND HARVEST PLAN. I hereby swear Management and Harvest Plan prepared for the parcel.
	RVEST PLAN PREPARED FOR PARCEL ALREADY llow the provisions of the <u>new</u> Forest Management and
	ORMER OWNER. I hereby swear that I will follow the rvest Plan prepared for the parcel by the previous owner
	TIFICATION. I hereby swear that I have followed the arvest Plan prepared for the parcel and will continue to
	amined this application and to the best of my knowledge eclare all owners agree this parcel is classified under the
Renewal date of current Forest Managemen	nt Plan: / /
Date *Multiple owners: One signature needed if all owners	Signature of Owner/Owners* s are in agreement of certification.
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.

Assessor's Signature

Approved

Denied_

____ Date_