



MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
FOREST, MINERAL & FIRE MANAGEMENT

**APPLICATION TO LIST LAND UNDER  
MICHIGAN'S COMMERCIAL FOREST (CF) PROGRAM.**

*This information is required by authority of Part 511 of 1994 PA 451, as amended.*

The Commercial Forest program provides a tax incentive to private landowners to retain and manage forestland for long term timber production.

FOR DNR USE ONLY		
Case Number	Owner ID	Postmark

<b>1. PRIMARY OWNER (Where official correspondence should be sent.)</b>		<b>2. OWNER TYPE (Check only one.)</b>	
Name:		<input type="checkbox"/> Forest Industry	<input type="checkbox"/> Private Individual(s)
Address:		<input type="checkbox"/> Other Business	<input type="checkbox"/> Club or Group
City, State & Zipcode:		<input type="checkbox"/> Other (explain): _____	
Work Telephone Number: (    )	Home Telephone Number: (    )	_____	

<b>3. ALL ADDITIONAL OWNERS (Attach additional sheets if necessary.)</b>			
Name:		Name:	
Address:		Address:	
City, State & ZIP Code:		City, State & ZIP Code:	
Work Telephone Number: (    )	Home Telephone Number: (    )	Work Telephone Number: (    )	Home Telephone Number: (    )
Name:		Name:	
Address:		Address:	
City, State & ZIP Code:		City, State & ZIP Code:	
Work Telephone Number: (    )	Home Telephone Number: (    )	Work Telephone Number: (    )	Home Telephone Number: (    )

<b>4. POWER OF ATTORNEY (If applicable.)</b>						
I have Power of Attorney for the owner(s) on this application as recorded at the County Register of Deeds shown to the right:	County	State	Recorded Date	Liber	Page	Expiration Date
Power of Attorney Name:			Telephone Number: (    )			
Address:			Power of Attorney Signature:			
City, State & City, State & ZIP Code:			Date:			

<b>5. EVIDENCE OF OWNERSHIP</b>	
I certify that I am the owner of all lands in this application. (Check one below.)	
<input type="checkbox"/>	A copy of the deed evidencing ownership of lands in this application is submitted.
<input type="checkbox"/>	A copy of the land contract evidencing ownership of lands in this application is submitted.

<b>6. LAND APPLICATION HISTORY (Check all that apply.)</b>			
<input type="checkbox"/>	I previously applied to list some or all of these lands. (Write previous CF Case Number in the box at right.)		
<input type="checkbox"/>	I already own CF lands.		
<input type="checkbox"/>	I already own CF lands that are contiguous to lands in this application.		

<b>7. ACT AND RULES (Please check one.)</b>	
<input type="checkbox"/>	I have the CF Statute and Rules..
<input type="checkbox"/>	Please send me the CF Statute and Rules

**8. LEGAL LAND DESCRIPTION(S)**

Use additional sheets if necessary.

**\*Net acres includes easements, but not rights -of-way or land owned in fee title by others.**

	County	Township	School District	Town	Range	Section	Net Acres*
	Clinton	Bath	Bath	5N	1W	23	40.0
<i>Legal Description:</i> NE 1/4 of NE 1/4							

**Example**

	County	Township	School District	Town	Range	Section	Net Acres*
1							

*Legal Description:*

<b>DNR USE ONLY</b>	Parcel No:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason(s):
		Initials:	Initials:	

	County	Township	School District	Town	Range	Section	Net Acres*
2							

*Legal Description:*

<b>DNR USE ONLY</b>	Parcel No:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason(s):
		Initials:	Initials:	

	County	Township	School District	Town	Range	Section	Net Acres*
3							

*Legal Description:*

<b>DNR USE ONLY</b>	Parcel No:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason(s):
		Initials:	Initials:	

	County	Township	School District	Town	Range	Section	Net Acres*
4							

*Legal Description:*

<b>DNR USE ONLY</b>	Parcel No:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason(s):
		Initials:	Initials:	

	County	Township	School District	Town	Range	Section	Net Acres*
5							

*Legal Description:*

<b>DNR USE ONLY</b>	Parcel No:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason(s):
		Initials:	Initials:	

	County	Township	School District	Town	Range	Section	Net Acres*
6							

*Legal Description:*

<b>DNR USE ONLY</b>	Parcel No:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason(s):
		Initials:	Initials:	

	County	Township	School District	Town	Range	Section	Net Acres*
7							

*Legal Description:*

<b>DNR USE ONLY</b>	Parcel No:	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Reason(s):
		Initials:	Initials:	

**TOTAL NET ACRES:**

**9. TIMBER RIGHTS CERTIFICATION**

I hereby certify that I own the timber rights to the standing timber on ALL lands in this application.

Yes  No *If NO, on which parcels do you NOT own timber rights?*

Parcel Number(s)										
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**10. FOREST MANAGEMENT PLAN CERTIFICATION**

I hereby certify that I have a written forest management plan in effect for all lands in this application as required by the Act and Rules.

Yes  No *If NO, on which parcels do you NOT have this plan?*

Parcel Number(s)										
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A copy of the Forest Management Plan is submitted with this application.

This Forest Management Plan was prepared and signed by:

Name:	Title:	Michigan Registered Forester Number (If applicable.)
Address	Date Plan was Signed by Writer:	
City, State & Zipcode:	Telephone Number: (     )	

**11. NON-REFUNDABLE APPLICATION FEE (\$1.00/acre or fraction of an acre, not to exceed \$1,000.00.)**

I hereby submit the **non-refundable** application fee as required by Section 51103(3)(a) of the CF statute.

- a. Total net acres applied for in this application:  (From page 2 of 4)
- b. Total **non-refundable** application fee:  (Total Net Acres x \$1 - not to exceed \$1,000.00)

Attach a check or money order made payable to the STATE OF MICHIGAN. (Do **not** send cash.)

**12. QUESTIONS**

Are there delinquent property taxes due on the lands in this application?

No  Yes - If you answer yes, please identify by parcel number(s) and year(s). (Please see example below.)

Example: #3 - 1992									
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Are the following uses occurring on lands in this application? If yes, please identify by parcel number(s) below:

Use	Yes	No	Parcel Number				Use	Yes	No	Parcel Number			
Mineral Extraction							Industrial						
Development							Commercial - other than forest management						
Residential							Buildings and/or other improvements						
Agricultural							Resort						
Grazing							Developed recreational						

Are there zoning ordinances that cover lands in this application?

Yes  No

If YES, for what use are these lands zoned? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13. ATTEST TO APPLICATION (ALL OWNERS MUST SIGN IN PRESENCE OF NOTARY)**

I (we) hereby certify that to the best of my (our) knowledge and belief, the foregoing statements are true and correct and I (we) hereby apply to have these lands listed as Commercial Forests. I (we) also certify that I (we) will fully comply with the statute and its administrative rules for all lands in this application that are listed under the statute, and will devote these lands to Commercial Forest management.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at (City) \_\_\_\_\_ (State) \_\_\_\_\_

Primary Owner or  Power of Attorney's Signature

Date:

Signatures of Additional Owners (ALL owners must sign in presence of Notary.)

1.	Date	2.	Date
3.	Date	4.	Date

**14. NOTARY PUBLIC**

STATE OF MICHIGAN (OR STATE OF \_\_\_\_\_), County of \_\_\_\_\_ :

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me the undersigned notary public within and for the said county did personally appear \_\_\_\_\_ (Owner Names)

to me known to be the same person(s) who executed the foregoing instrument and who acknowledged the same to be (his/her/their) free act and deed.

**Notary Block (Please Print or Type)**

Name:	Office Telephone Number: ( )
Address:	My Commission Expires:
City, State & Zipcode:	Signature:

**15. SUBMITTAL INFORMATION**

**NOTE:** This application must be postmarked no later than June 1 to be considered for listing on January 1 of the following year. It must also be typed or printed, signed by all owners, and notarized.

Please send this completed application, deed or land contract and forest management plan, along with a check or money order made payable to the "STATE OF MICHIGAN" to:

**COMMERCIAL FOREST LISTING APPLICATION  
FOREST, MINERAL & FIRE MANAGEMENT  
MICHIGAN DEPARTMENT OF NATURAL RESOURCES  
PO BOX 30452  
LANSING MI 48909-7952**

If you have questions please call Forest, Mineral & Fire Management at (517) 373-1275.

**FOR CASHIER'S USE ONLY (73550-51100-9026)**