



APPLICATION TO REMOVE SAND, GRAVEL, OIL OR GAS FROM CF LAND

Required by authority of Section 51113 of 1994 PA 451, as amended.

NOTE: This application must be typed or printed, signed, and submitted to the DNR Forester named in Section 10 located on page 2 of this application. If you have any questions, please contact the DNR Forester at the number listed in Section 10 on page 2 of this application.

1. COMMERCIAL FOREST LANDOWNER (Where official correspondence should be sent)		2. MINERAL RIGHTS OWNER (If different than CF owner. If not different, indicate same)	
Name		<input type="checkbox"/> SAME	<input type="checkbox"/> DIFFERENT
Address		Name	
City, State, ZIP		Address	
Work Telephone		City, State, ZIP	
Home Telephone		Work Telephone	Home Telephone
E-mail		E-mail	

3. STATEMENT OF INTENT		
_____ applies to remove <input type="checkbox"/> SAND <input type="checkbox"/> GRAVEL <input type="checkbox"/> OIL <input type="checkbox"/> GAS from the CF lands described below (Applicant)		
starting on or about _____, and ending on or about _____.		
County	Township	CF Case Number(s)
Town	Range	Section
Legal Description(s)		Size of Removal Site (acres)

4. UTILIZATION OF SAND AND/OR GRAVEL
The sand and/or gravel will be utilized by one or more of the following:
<input type="checkbox"/> CF owner, personal use
<input type="checkbox"/> Sand/gravel owner, personal use
<input type="checkbox"/> Sand/gravel owner, sale to CF owner for personal use
<input type="checkbox"/> State of Michigan
<input type="checkbox"/> County _____
<input type="checkbox"/> Township _____
<input type="checkbox"/> City or Village _____
<input type="checkbox"/> Other (explain)

5. FOREST MANAGEMENT PLAN
Current Forest Management Plan on file with DNR <input type="checkbox"/> Yes <input type="checkbox"/> No
Forest Management Plan Certification on file with DNR <input type="checkbox"/> Yes <input type="checkbox"/> No

6. REMOVAL SITE
Is this a new site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Well site plan on file with DNR? <input type="checkbox"/> Yes <input type="checkbox"/> No
DEQ Well Permit Number: _____

7. MAP OR REMOVAL AREA			
North ↑ (T_____) (R_____) (Section _____)			
Draw in PIT Body or WELL Site and attach Forest Type Map with Location; Cross hatch removal area			
Scale 1 inch = 1/4 mile / 20 chains / 1320 feet Indicate forest type, trails, water features, gravel/sand pit, or oil/gas site.			

8. ATTEST TO MINERAL REMOVAL – CF LANDOWNER

I/we hereby certify that to the best of my/our knowledge and belief, the foregoing statements are true and correct and I/we apply to remove MINERALS from the described CF lands.

Signed on _____, 20____, at _____ (City), _____ (State).

CF Landowner Signature

Date

9. ATTEST TO MINERAL REMOVAL – MINERALS OWNER (If Different from CF Landowner)

I/we hereby certify to the best of my/our knowledge and belief, the foregoing statements are true and correct and I/we apply to remove MINERALS from the described CF lands.

Signed on _____, 20____, at _____ (City), _____ (State).

MINERAL Owner Signature

Date

10. SUBMITTAL INFORMATION

Please return this completed application to :

Attn: DNR Service Forester
(use appropriate address from list below)

Forester	Applicable Counties
Service Forester Baraga Office PO Box 427 US 41 North Baraga, MI 49908 906-353-6651	Baraga, Gogebic, Houghton, Iron, Keweenaw, Ontonagon
Service Forester Escanaba Office 6833 Highway 2 41 & M-35 Gladstone, MI 49837 906-786-2351, ext 120	Alger, Chippewa, Delta, Dickinson, Mackinac, Marquette, Menominee, Schoolcraft
Service Forester Southern Lower Peninsula PO Box 30452 Lansing, MI 48909-7952 517-284-5865	Lower Peninsula Counties

- DNR USE ONLY -

Date Received	Field Approved	Case No.	Expiration Date
Issued by (name, address and telephone)			
If Denied, Reason			
DNR Signature			Date