

Farmland and Open Space Preservation Program

OFFICIAL USE ONLY

Local Governing Body:

APPLICATION F OPEN SPACE EA	OR DESIGNATED SEMENT	Date Received: Application No.:		
Part 361 of the Natural Resources and Environmental Protection Act, 1994 Act 451 as amended. Please read		State of Michigan: Date Received:		
the Requirements and Instruction		A		
form. Please print or type. Attacl	_	Application No.:	Rejecte	ed:
needed.		ripproved.	Reject	
I. PersonalInformation:				
1. Name of Applicant:				
(If more than two see #12)	Last	First		Initial
2. Mailing Address:	treet			
St	treet	City	State	ZipCode
3. Phone: ()		Email:		
I. Property Location: (Can be ta	ken from the deed.)			
4. County:	Town	wnship, City or Village:		
5. Section No.:	; Town No.:	;	RangeNo.:	
Property Tax Number	r (parcel ID):			
I. LegalInformation:				
¥ •	f the deed, land contract or m			
A •	f the most recent property tax		bill.	
	nst the land described above an circumstances:			
	wn the mineral rights? \Box Ye			
	cant, are the mineral rights lea			
Indicate who owns or	is leasing rights if other than	the applicant:		
Name the types of min	neral(s) involved: plication subject to a lease agr	roomant (athar than far m	inoral rights) n	ormitting o
	erthan agricultural purposes			
11. Is land being purchase		☐ Yes ☐ No; If "Yes	s,"indicate ven	dor(seller):
		•		
Street	City		State	ZipCode
11a. Part 361 of the Natura	al Resources and Environmer	ntal Protection Act, 1994 A	Act 451 as amer	nded, states that the
	e to allow the land cited in the elow. (All sellers must sign.)		d in the progra	m. Please have the
Land Contract Seller: I, the undersigned, understand Preservation Program.	and agree to permit the land o	cited in this application int	o the Farmland	and Open Space
(Date)	(Signature of Land Con	ntract Vendor (Seller))		

		e following, please check the appropriate to an individual not meeting one of the				
\square Est		☐ Limited Liability Company☐ Trust ag a joint or common interest in the land		☐ Partnership☐ Association		
If applic	cable, list the following	ng: President, Vice President, Secretary	, Treasurer, or tru	stees or members:		
Name: _						
	Street	City	State	Zip Code		
Name:						
Address	:					
	Street	City	State	Zip Code		
Address		G!:	G	7' 0 1		
Nome	Street	City	State	Zip Code		
Address	Street	City	State	Zip Code		
	Street	(Additional names may be attached o		•		
13. This	application is for: _a. historic open spa _b. land situated on a	: (Check one and fill out correct section) ce land, complete only section (14); a natural river, complete only section (15) nder the Shoreland Management and Prote	5); or	e only section (16).		
		tal authority which designated land as his	storic:			
b. c. d.	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. Natur	al River Land:					
a. b. c. d.	Name of the natural r Distance from the riv Number of acres or le Has the area been zo	river:	s No.			
a.	eland Open Space: Date of designation Number of acres or Indicate any structu	by the State: lot size: res or improvements made to the land in	n the application: _			

IV.

17. Please draw a map (sketch) of the property, showing features such as lakes, ponds, swamps, streams, or (Use space provided on page 4 or attach separate shows the stream of the property of the property, showing features are such as a stream of the property.	r rivers, woodlots, roads, or gravel pits.
18. What is the number of years you wish the easemen	nt to run? (Min 10 years, max 90 years):
V. Signature:	
19. The undersigned declare that this application, includi examined by them and to the best of their knowledge	
(Signature of Applicant(s))	(Corporation Name if Applicable)
(Signature of Co-Owner(s))	(Signature of Corporation Officer)
(Date)	(Title)
RESERVED FO	OR OFFICAL USE ONLY
Action by Local Governing Body: Jurisdictio	on: (county, township, city or village)
Date received by clerk: This application is approved rejected	d*. s signature and seal:
governing body has written statement regarding approximates from reviewing agencies. If approved, se	trached to application and returned to the applicant. If local proval, that may also be attached together with all written and the application and all supporting materials from reviewing nail to: MDARD-Farmland, P.O. Box 30449, Lansing, MI
(NOTE: Clerk – Please attach a list of all reviewing assessor and the mailing addresses.)	g agencies with their mailing address and the name of the local
Action by State: Date received: Extension of time with applicant's consent:	
This application isapproved Date of approval or rejection	rejected.
to be \$ The value of the open space	ed in this application has been determined to be \$
Date forwarded to the Michigan Legislature: Legislature Resolution Number: rejected This application is approved rejected	

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.

Cou	nty		
Tow	nship		
T	R	Section	

