



Michigan Department of Natural Resources

## NON-EVENT APPLICATION FOR USE OF DEPARTMENT MANAGED LAND

*This information is required under authority of Part 5 of Act 451 of 1994, as amended,  
MCL 324.501- 511 and the Rules for the Regulation of State Lands, R299.921 – R299.932.*

DNR Use Only
Management Unit
Permit Number

**APPLICANT:** Please read instructions and all attachments before completing application. Submit completed application to local DNR office where permit is being sought. Application must be submitted at least sixty (60) days prior to proposed use. Attach additional information as needed to fully describe proposed use activity. Checks or money orders should be made payable to "State of Michigan." For Application/Permit to Use Department Managed Land (DNR Managed Land) for an Event, use form DNR PR3051.

SECTION A																			
Name of Applicant/Organization		Name of Contact Person																	
Address		Address																	
City, State, ZIP		City, State, ZIP																	
Primary Telephone	Federal EIN	Primary Telephone	Alternate Telephone																
E-mail Address		E-mail Address																	
SECTION B																			
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Geocache Placement</td> <td><input type="checkbox"/> Guiding</td> <td><input type="checkbox"/> Oil/Gas</td> <td><input type="checkbox"/> Road Construction or Maintenance</td> </tr> <tr> <td><input type="checkbox"/> Seismic Survey</td> <td><input type="checkbox"/> Watercraft</td> <td><input type="checkbox"/> Research</td> <td><input type="checkbox"/> Construction or Maintenance of Utilities</td> </tr> <tr> <td><input type="checkbox"/> Commercial Filming/photography</td> <td colspan="3"><input type="checkbox"/> Accommodation for Accessibility</td> </tr> <tr> <td colspan="4"><input type="checkbox"/> Other (specify):</td> </tr> </table>				<input type="checkbox"/> Geocache Placement	<input type="checkbox"/> Guiding	<input type="checkbox"/> Oil/Gas	<input type="checkbox"/> Road Construction or Maintenance	<input type="checkbox"/> Seismic Survey	<input type="checkbox"/> Watercraft	<input type="checkbox"/> Research	<input type="checkbox"/> Construction or Maintenance of Utilities	<input type="checkbox"/> Commercial Filming/photography	<input type="checkbox"/> Accommodation for Accessibility			<input type="checkbox"/> Other (specify):			
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<input type="checkbox"/> Other (specify):																			
Please describe the project purpose and associated activities proposed on DNR managed lands. Attach additional documentation if necessary).																			
Please list the proposed location(s) on state land (e.g., state game or wildlife area, park or recreation area, forest, trail, etc. and/or legal description). Attach a location map.																			
Length of Use <input type="checkbox"/> 1-2 Days <input type="checkbox"/> 3-7 Days <input type="checkbox"/> 8-31 Days <input type="checkbox"/> Seasonal/Periodic <input type="checkbox"/> Annual <input type="checkbox"/> Other:																			
Date(s) of Proposed Use		Number of Participants/Users	Number of Recreational Units (Camping, vehicles, etc.)																
SECTION C																			
Will the activity require use of: <input type="checkbox"/> Parking lot <input type="checkbox"/> Campground <input type="checkbox"/> Access site <input type="checkbox"/> Gate <input type="checkbox"/> No use required		If yes, attach a description of how it will be used and include a site map if requesting exclusive use																	
Will structures or equipment be placed on or operated on Department Managed Land?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, attach a document that explains the methods and equipment that will be employed on DNR managed land (including how vegetation, soil, or facilities might be used or manipulated, and if items will be placed on the land).																
Will sound amplification equipment be used?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, attach a document describing how sound amplification will be used and with what type of equipment.																
Will the activity include the application of a pesticide?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, submit a Pesticide Application Plan for Non DNR Projects (PR3051-7)																
Will the activity use or disrupt utilities or soil (e.g., water, electric, sewer, excavation, etc.)?		<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, attach a document with explanation.																

**APPLICANT: Read all pages and attachments before certification and signature.**

**APPLICATION CERTIFICATION**

*I certify that the information submitted herein, including all attachments, is accurate and complete. I understand that if I decide to withdraw my application it is my responsibility to notify the Department. I also understand that I am responsible for all Application and Review fees incurred prior to the withdrawal. Application and Review fees are charged at a rate of approx. \$50 per hour of staff time (If it is estimated the review charges exceed \$250, the applicant will be notified).*

\_\_\_\_\_  
Applicant/Authorized Representative (Print or Type)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICATION STATUS**

Hereinafter, the Michigan Department of Natural Resources shall be referred to as "Department" and the Permit Applicant shall be referred to as "Applicant".

1. **Section A:** Applicant should primarily provide the contact information for the individual or organization applying for the permit. If there is a primary contact that differs from this contact, please provide that information in the space provided. Organizations are asked to provide their Federal EIN Number.
2. **Section B:** Applicant shall clearly and concisely state the proposed use of the Department managed land and attach supplemental information, as needed. **Proposed use information should include:**
  - a. Identify the type of use being requested and describe purpose and methods.
  - b. Identify the state lands, trails or Department facility requested for the proposed use. Note: The Department does not have the authority to authorize access to lands it does not own or administer.
  - c. Attach location map(s).
  - d. Provide the proposed date for the proposed use.
  - e. Provide the estimated number of participants/users.
  - f. Provide the estimated number of recreational units (motor homes, camping trailers, shelters, or tents).
3. **Section C:** Applicant shall answer the questions and provide additional information, as necessary.

**ITEMS THAT MAY BE REQUIRED AFTER REVIEW:**

1. **Permit Fee:** - There may be a fee associated for any approved use. The total permit fee is calculated based on staff review time, land use intensity, monitoring of the lands and timber consideration.
2. **Insurance:** The Applicant shall provide a certificate of insurance as proof of liability coverage protecting from claims that arise out of, are alleged to arise out of, or otherwise result from Applicant's land use. The Applicant's insurance policy must provide coverage for not less than the term of Applicant's land use and include as an additional insured: "**The State of Michigan, its departments, divisions, agencies, offices, commissions, officers, employees, and agents.**" The Applicant must notify the Department within five (5) business days if required coverage is cancelled or not renewed.
3. **Performance Bond:** A cash or surety bond, if requested by the Department, shall be provided by the applicant prior to issuance of the permit, as a guarantee of faithful performance of the conditions of the permit. As soon as security for the performance of the terms and conditions of the permit or the settlement of claims incident thereto is no longer necessary, deposits in lieu of surety or cash bond will be returned to the applicant/permittee.
4. **Environmental Assessment:** The Department will advise if an environmental assessment is needed to provide information necessary to complete your application.
5. **Camping Outside a Designated Campground:** If camping involves five (5) or more sites (thirty-two or more individuals or five (5) or more recreational units), a Temporary Campground Permit must be obtained from the local county health department. Copies of the permit must be provided to the Department before use.
6. **Additional Permits:** The issuance of a permit from this application does not replace, or supersede, the need for other permits or licenses that may be required by law. A copy of all required permits must be in possession of permittee and their agents (employees, representatives, associates, volunteers, members) while using Department managed lands.