

Michigan Department of Natural Resources
Forest, Mineral and Fire Management
Qualified Forest Application Checklist

Indicate if the Forest Management Plan submitted with the application contains all required information, and if the property meets Qualified Forest Property conditions. Provide the Department recommendation after review.

Landowner(s) name(s) _____

Tax I.D. number _____

FOREST MANAGEMENT PLAN

- ___ Name, address and dated signature of all property owners
- ___ Name, address and dated signature of plan writer
- ___ Time period covered in the plan does not exceed 20 years. Expiration Date: _____
- ___ Complete legal description of property including parcel identification number
- ___ Statement of property owners forest management goals and objectives
- ___ Maps, diagrams or aerial photographs of the property
- ___ Narrative description of each management unit
- ___ List of prescribed practices, approximate treatment schedule and accomplishment dates for each stand
- ___ Soil types (optional) and a description of soil conservation practices to be used if needed
- ___ Description of activities to be undertaken for the management of forest resources other than timber
- ___ Signature of compliance with all terms and conditions of the approved plan

QUALIFIED FOREST PROPERTY

- ___ Acreage conforms with requirements (minimum 20 contiguous)
- ___ 80% of property is productive forest capable of producing wood products
- ___ Property is capable of growing not less than 20 cubic feet of wood/acre/year
- ___ Property is stocked with forest products
- ___ Has no buildings or structures (based on information provided by applicant; local assessor – please verify)
- ___ Has an approved Management Plan

DEPARTMENT RECOMMENDATION

- ___ Forest Management Plan meets requirements as stated in Section 7jj(10)(e) of PA 378
- ___ Property meets the Qualified Forest Property conditions defined in Section 7jj(10)(f) of PA 378

DNR Service Forester

Date