



Stewardship Plan Agreement - SWCD -



Applicant Name (first, MI, last)	Home Phone	Cell Phone
Mailing Address (Street or Box, City, State, Zip Code)		
Email Address (optional):		

I hereby apply for a stewardship plan for the following land(s) that I own:

Section	Township	Range	County	Estimated Total Acres	Estimated Wooded Acres
Legal Description of lots or forties (if known) or PIN #:					

➤ Do you have an existing Forest Stewardship Plan? Yes No

If yes, what year was it written or last updated? _____

➤ I understand that I will be charged a fee to enroll into SFIA. _____ (landowner's initials)

➤ I understand that I will be charged a fee for my stewardship plan. _____ (landowner's initials)

Your fee for your stewardship plan is \$50.00. Do not make payment for your plan until you receive your invoice from the DNR.

To enroll in SFIA, a covenant must be recorded on the property with your County Recorder's office. Your fee to record your stewardship plan is \$46.00. You will receive a copy of the plan upon enrollment into SFIA.

I, as the landowner, am asking for a stewardship plan and agree to pay the recording fee for SFIA.

Applicant Signature	Date
Forester Signature	Date
For SWCD Office Use Existing Plan Number _____ Remarks: _____ _____ _____	

Return to: Crow Wing Soil and Water Conservation District
322 Laurel St. Suite 22
Brainerd, MN 56401