**Section 1537.EXHIBIT B THE ILLINOIS FORESTRY DEVELOPMENT ACT (FDA) "FOREST MANAGEMENT PLAN CERTIFICATION"**

TIMBER GROWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORESTRY PLAN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ACREAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Case File #

LEGAL LOCATION DESCRIPTION:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | T |  | R |  |  |
| Quarter |  | Section |  | Township # |  | Range # |  | County |

(Fractional Quarter, Quarter, Section, Township #, Range #, County, Principal Meridian)

PROPERTY TAX ID NUMBERS:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required only when plan will be used for preferential tax treatment)

I am the owner of the property or entity for which this plan has been prepared. The plan has been prepared in accordance with the Illinois Forestry Development Act [525 ILCS 15] and meets my requirements. I understand I am obligated to implement the Plan regardless of the availability of incentives and will follow the prescriptions to the best of my ability. If any changes in ownership or conditions of the forest occur, I will notify the Department of Natural Resources, Division of Forest Resources, IDNR Forester in writing within 30 days. An approved Forest Management Plan guarantees an equalized assessed valuation of 1/6 of the cropland productivity index for the acreage enrolled in the Program.

SHALL THIS CERTIFICATION BE FORWARDED TO THE ILLINOIS DEPARTMENT OF REVENUE FOR PREFERENTIAL TAX TREATMENT?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | YES |  |  | NO |

(District Forester will forward if YES is checked)

Approval of this plan does not guarantee that all projected cultural practices will be approved for cost share payments. Cost sharing is available on a first-come, first-served basis, as funds are available. Applications for cost-share assistance must be approved by the District Forester before practices are begun.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PLAN DEVELOPED BY: |  | |  | DATE: |  |
| TIMBER GROWER  ACCEPTANCE: | |  |  | DATE: |  | |

ILLINOIS DEPARTMENT OF NATURAL RESOURCES APPROVAL BY DISTRICT FORESTER:

4306April 12, 2017\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_

< choose one or more >

NEW PLAN \_\_\_\_\_\_ RENEWAL \_\_\_\_\_\_

CANCELLATION \_\_\_\_\_\_\_ ACREAGE CHANGE \_\_\_\_\_\_\_\_ ADDRESS CHANGE \_\_\_\_\_\_\_

FULL TRANSFER \_\_\_\_\_\_\_ PARTIAL TRANSFER \_\_\_\_\_\_\_

\* attach additional sheets as needed

(Source: Amended at 41 Ill. Reg. 4306, effective March 31, 2017)