

LAND USE LICENSE APPLICATION

NAME OF APPLICANT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BUSINESS PHONE _____

Application is hereby made for access for the following purpose(s):
Be specific and include map, if appropriate.

SECTION _____ TOWNSHIP _____ RANGE _____

PART OF SECTION 1/4 1/4 1/4 COUNTY _____

SECTION _____ TOWNSHIP _____ RANGE _____

PART OF SECTION 1/4 1/4 1/4 COUNTY _____

SECTION _____ TOWNSHIP _____ RANGE _____

PART OF SECTION 1/4 1/4 1/4 COUNTY _____

DURATION (MONTH) _____ (DAY) _____ (YEAR) _____

THROUGH (MONTH) _____ (DAY) _____ (YEAR) _____

APPLICANT'S SIGNATURE _____ DATE _____

Mail completed form and \$25.00 application fee to the Area Office that handles the county the request is in. After an on-site inspection, the Area Manager will consider whether the proposed use is in the best interest of the trust. All applications should be sent to the appropriate Area Office for review (**note:** estimated processing time is 60-90 days).