



Lost Pines Habitat Conservation Plan

Forest Management Notice of Intent

Please print

1) APPLICANT INFORMATION:

- a) Name: First: _____ Last: _____
b) Company Name (if applicable): _____
c) Contact Name: _____ Title: _____
d) Mailing Address: _____ Apt/Unit/Ste Number: _____
e) City: _____ State: _____ Zip: _____
f) Phone Number: Day: _____ Evening: _____ Cell: _____
g) Fax: _____ e-mail: _____

2) PROPERTY OWNER INFORMATION (if different from Applicant):

- a) Name: First: _____ Last: _____ ID#: _____
b) Company Name (if applicable): _____
c) Contact Name: _____ Title: _____
d) Mailing Address: _____ Apt/Unit/Ste Number: _____
e) City: _____ State: _____ Zip: _____
f) Phone Number: Day: _____ Evening: _____ Cell: _____
g) Fax: _____ e-mail: _____

3) PROPERTY INFORMATION:

- a) Appraisal District Property ID Number: R _____ Physical Address _____
b) Subdivision Name: _____ Survey Name: _____
c) Phase: _____ Unit: _____ Section: _____ Abstract Number: _____
d) Block: _____ Lot: _____ Acreage: _____ Acreage: _____

4) FOREST MANAGEMENT ACTIVITIES TO BE COVERED (check all that apply):

- Management Planning.....see Section 2.0 of Appendix E
 Road Construction and Maintenance.....see Section 3.0 of Appendix E
 Reforestation Site Preparation and Planting.....see Section 4.0 of Appendix E
 Chemical Applications.....see Section 5.0 of Appendix E
 Timber Harvesting.....see Section 6.0 of Appendix E
 Prescribed Burning+++.....see Section 7.0 of Appendix E
 Fire Ant Control.....see Section 8.0 of Appendix E

+++ Prescribed burning plans must be prepared by a qualified prescribed burn specialist in accordance with State and local statutes, incorporate the Forest Management Guidelines in Appendix E to the LPHCP, and be reviewed by the Bastrop County Office of Emergency Management prior to submittal to the LPHCP Administrator.

5) REQUIRED APPLICATION ATTACHMENTS:

- Application Fee of \$100 Annual Renewal Fee of \$20
- Complete copy of an unexpired Forest Management Plan that was approved by the Texas Forest Service and that complies with the *Forest Management Guidelines* in Appendix E to the LPHCP.
- Map of the property showing the location of all water features and water management zones (WMZs), as defined in Section 2.0 of Appendix F to the LPHCP.

- Signed authorization of the landowner, if different than the applicant.

6) READ CAREFULLY AND INITIAL EACH STATEMENT TO SHOW YOUR ACCEPTANCE OF THE STATEMENT:

- _____ I understand that Bastrop County does not approve forest management plans. It is the obligation of the
Initial landowner to ensure that the landowner's forest management plan complies with applicable governmental requirements and accurately incorporates the requirements of the LPHCP *Forest Management Guidelines*. Failure to properly incorporate the requirements of the *Forest Management Guidelines* in Appendix E to the LPHCP into the forest management plan or the failure to properly implement the requirements of the *Forest Management Guidelines* in Appendix E to the LPHCP may result in no incidental take permit coverage under the LPHCP.
- _____ I understand that forest management practices covered for incidental take of the Houston toad under the
Initial LPHCP must be performed pursuant to a forest management plan approved by the Texas Forest Service.
- _____ I understand that the Bastrop County Office of Emergency Management (OEM) does not approve prescribed
Initial burn plans. It is the obligation of the landowner to ensure that the prescribed burn plan is prepared by a qualified burn specialist, complies with State and local statutes, incorporates the *Forest Management Guidelines* set out in Appendix E to the LPHCP, and is reviewed by the OEM prior to submittal to the LPHCP Administrator. Failure to properly incorporate the requirements into the prescribed burn plan or the failure to properly implement the requirements may result in no incidental take coverage under the LPHCP.
- _____ I understand that the LPHCP will provide incidental take permit coverage for the incidental take of the
Initial Houston toad resulting from activities associated with forest management as indicated in the attached forest management plan if and only if the activities follow the *Forest Management Guidelines* in Appendix E to the LPHCP, including the identification and designation of Water Management Zones (WMZs).
- _____ I understand that the LPHCP does not provide incidental take permit coverage for the conversion of native
Initial vegetation communities to intensive agricultural uses, including creation of new crop fields, seeding native grasslands with sod grasses, clearing woodlands or overstocking grazing/stocking to levels not consistent with the guidelines of the Natural Resources Conservation Service (NRCS) for the type of vegetation and use.
- _____ I understand that incidental take permit coverage for the Houston toad, as provided by the issuance of a
Initial Notice of Receipt (NOR), will not extend to any activity not specifically identified in the NOR and in the Texas Forest Service approved forest management plan submitted with this Notice of Intent (NOI).
- _____ I understand that Bastrop County retains the right to suspend or cancel a NOR for the Forest Management
Initial activities if the person named in the NOR does not fully comply with the Forest Management plan attached to this NOI, the *Forest Management Guidelines* in Appendix E to the LPHCP, the LPHCP and applicable federal law.
- _____ I understand that the NOR will expire on the earlier to occur: a) the expiration date reflected on the NOR;
Initial or b) the expiration of the Texas Forest Service approved forest management plan submitted with the NOI.
- _____ I understand that the NOR must be renewed each year to maintain incidental take permit coverage for forest
Initial management activities.
- _____ I understand and agree that neither Bastrop County nor County staff have provided me any advice
Initial regarding property tax issues.

Initial I hereby represent and warrant that I have read and that I am familiar with the *Forest Management Guidelines* in Appendix E to the LPHCP.

Initial I understand and agree that upon locating a dead, injured, or sick Houston toad, or any other endangered or threatened species, the applicant is required to contact the Service's Law Enforcement Office in Austin, Texas, (512) 490-0948, or in San Antonio, Texas, (210) 681-8419, for care and disposition instructions. Extreme care should be taken in handling sick or injured individuals to ensure effective and proper treatment. Care should also be taken in handling dead specimens to preserve biological materials in the best possible state for analysis of cause of death. In conjunction with the care of sick or injured endangered/threatened species, or preservation of biological materials from a dead specimen, the applicant and their contractor/subcontractor have the responsibility to ensure that evidence intrinsic to the specimen is not unnecessarily disturbed.

Initial I understand that the issuance of a NOR is strictly conditioned on the landowner granting Bastrop County, its employees and agents the right to enter the property for monitoring compliance with the *Forest Management Guidelines* and for biological monitoring.

Initial I hereby grant Bastrop County, its employees, and its contractors the right to enter the property, after reasonable efforts to provide notice and at reasonable times of entry, subject to this NOI for the purpose of verifying the NOI application, for monitoring compliance with the *Forest Management Guidelines*, and for biological monitoring.

Initial I understand and agree to post the property with a LPHCP Participant sign, which will be provided by the County, and that the sign be located so as to be visible from the road that affords the primary access to the property.

BY SIGNING BELOW, I REPRESENT AND WARRANT THAT ALL INFORMATION CONTAINED IN THIS NOTICE OF INTENT IS TRUE, ACCURATE, AND COMPLETE. I REPRESENT AND WARRANT THAT THE FOREST MANAGEMENT PLAN ATTACHED TO AND MADE A PART OF THIS NOTICE OF INTENT IS A TRUE AND COMPLETE COPY OF A FOREST MANAGEMENT PLAN THAT COMPLIES WITH THE *FOREST MANAGEMENT GUIDELINES* IN APPENDIX E TO THE LOST PINES HABITAT CONSERVATION PLAN. I REPRESENT AND WARRANT THAT I AM THE OWNER OF THE PROPERTY IDENTIFIED ABOVE OR THAT I HAVE THE AUTHORITY TO SIGN THIS NOTICE OF INTENT APPLICATION ON BEHALF OF THE LANDOWNER.

Signature: _____ Date: _____

Printed Name: _____

OFFICIAL USE ONLY - DO NOT WRITE IN THIS AREA	
Date Received: _____	Received By: _____