

LANDOWNER PROJECT APPLICATION INTENTION or PERMISSION TO PARTICIPATE, ACCESS PROPERTY, PERFORM FIRE MITIGATION WORK OR RELATED SERVICES PLAN FORM:

- **PLEASE ACKNOWLEDGE ALL SECTIONS** – If you need help, contact the SPAWP Project Mgr mail@spawp.org
- **A ARIEL MAP WITH PROPERTY PROJECT LINES IDENTIFIED MUST BE SUBMITTED WITH THIS FORM** ie via Google Maps or ONX Maps or County Parcel Maps Ect

Subject: Respectfully requesting your signature on this form granting formal permission to access your property and/or permission to perform fire mitigation work as detailed below. I understand that if part of a reimbursement plan, reimbursement for my project expenses all or part can take between 1- 6 months.

- **PROJECT NAME or POTENTIAL FUTURE WORK TO BE DONE:** _____
- **COORDINATING/SPONSORING/GRANTING ORGANIZATIONS:** _____
- **PROJECT SCOPE DEFINITION:** _____
- **PROJECT COMPLETION DUE DATE:** _____

* CURRENT DATE: _____

* NAME OF LANDOWNER(S): _____

* CONTACT CELL PHONE NUMBER: _____

* NUMBER OF ACRES TO BE MITIGATED # _____ COUNTY TAX PARCEL ID NUMBER: _____

* ADDRESS-PHYSICAL LOCATION OF LAND: _____

* **Current SPAWP Membership Verified: Yes/No/Pending Mail In DATE:** _____

“Thank you in Advance for your Donation support”

Disclosure of potential conflicts of interest or state relationship of all parties involved:

- _____

COST SHARING OR REIMBURSEMENT ARRANGEMENT & EXPECTATIONS OF LANDOWNER:

- (If Known) _____
- Is there a Due date of Landowner completed Reimbursement forms?: _____

ROLE OF SPAWP.ORG – SPANISH PEAKS ALLIANCE FOR WILDFIRE PROTECTION:

- _____
- **CHECK ALL THAT APPLY:**

- ___ Active Fire Fuel Break Expansion, Widening or Improving Current Fuel Break
- ___ Shaded Fuel Break- REDUCE LADDER FUELS; THIN CROWDED TREES; REMOVE DEAD TREES DEAD & DOWN
- ___ Municipality Head Water, Downstream Dependents & Wildlife Protections
- ___ Soil Stabilization & Erosion Control
- ___ Logging & Large Biomass Removal
- ___ Prescribed Burn
- ___ Post Fire Recovery or Beetle Kill Recovery
- ___ Other Important Info: _____

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The proposed project will be done in accordance with the rules and regulations of the Agencies or Departments Identified below:

- ___ Colorado State Forest Service (CSFS)
- ___ United States Forestry Service (USFS-USDA)
- ___ Bureau of Land Management (BLM)
- ___ Natural Resources Conservation Service (NRCS)
- ___ Spanish Peaks Alliance for Wildfire Protection (SPAWP)
- ___ County or City: _____ in the State of: _____
- ___ Other: _____

GENERAL DETAILS, GOAL BENEFITS & DEFINITION OF PROJECTS:

- Promote forest health; improve wildlife habitat; create space trees for healthy growth of larger more fire-resistant trees.
- Enlarging escape route corridors. Expand defensible line for firefighters, reducing wildfire impacts by reduction of fire fuel vegetation, including removal, mastication and mulching of dead trees and brush.
- Potentially help deter or impede wildfire spreading into our communities.
- Help protect the River/Lake watershed and its downstream human dependents & wildlife.

___ This is my intention to potentially participate in a future project as described.

- AND/OR -

___ We know the Proposed Project and This is our Permission to Access/Enter the property and to determine the potential work for us to approve with our contractor or by our selves as described. I/we attest that we own the property identified above. I/we agree and support this project. I/we understand that this project scope is as identified by the guidelines defined above.

Thank you and sincerely,

X _____

*Signature(s) – (Role-Representative)

*Printed Name(s)

*Mailing-Billing Address:

*Email address:

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➤ * Contractor for Project (or is Landowner doing own work?): _____

Contractor Name - Contact Person: _____

Contractor Phone: _____ Email: _____

Contractor Mailing Address: _____

“Note: Before and After Photos will “ALWAYS” be needed, using the same location.”

➤ **Applicable Attachments provided: (Information may also be provided at SPAWP.org)**

- ___ Prescription of work to be completed by the Coordinating Agency or Department
- ___ Project Related Educational Documents and Reimbursement Process Documents
- ___ Aerial Map of overall project identifying Sites
- ___ Photo of prior Contractor service work
- ___ Other: _____