



For DNR Region Office Use Only	
FPA/N #:	
Region:	
Received Date:	

Ten-Year Forest Management Plan for Property Located within an Urban Growth Area

Legal Name of Landowner:	City or County Parcel(s) located in:	
Mailing Address:	Section/Township/Range	
City, State, Zip	Tax Parcel Number(s)	
Phone:		
Email:	Total Acres:	Forested Acres:

Elements of Plan

Landowner's Forest Management Goals:			
Type of Harvest:			
<input type="checkbox"/> Even-aged	<input type="checkbox"/> Uneven-aged % of removal: _____	<input type="checkbox"/> Salvage of dead, down dying trees	<input type="checkbox"/> Other:
Type of Reforestation: Use this section if harvest does not result in well-spaced residual trees capable of fully utilizing the growing capacity of the site.			
<input type="checkbox"/> Plant:	Species _____	# of Seedlings per Acre _____	Month/Year of Planting _____
<input type="checkbox"/> Natural Reforestation: describe or attach your Natural Regeneration Plan.			
Scheduled reforestation check(s):			
_____ Month/Year	_____ Month/Year	_____ Month/Year	_____ Month/Year
Time of competing vegetation checks within the first five years:			
_____ Month/Year	_____ Month/Year	_____ Month/Year	_____ Month/Year
Proposed methods of controlling competing vegetation:			
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Chemical	<input type="checkbox"/> Other:	