

VIRGINIA DEPARTMENT OF FORESTRY ALTERNATE MANAGEMENT PLAN SUPPLEMENT FOR

_____ OF _____ COUNTY, VIRGINIA

TRANSFERRING OBLIGATIONS TO

_____ OF _____ VIRGINIA

I, _____ of _____, present landowner, do hereby agree to accept and assume the obligations set forth in the Alternate Management Plan for _____ of _____, Virginia, a copy of which is attached hereto and incorporated herein, covering the cutting of timber on approximately _____ acres of the _____ Tract in _____ County, Virginia, in lieu of leaving the statutory number of pine seed trees required in subsection D of 10.1-1163 and 10.1-1164, Virginia Code, as amended.

I, _____ of _____, Virginia, fully understand that this plan requires the establishment of 250 free-to-grow seedlings per acre of loblolly pine or 200 of white pine, singly or in combination on all applicable acres designated on the attached sketch map. Establishment means the number of acceptable free-to-grow seedlings per acre determined to be present by the State Forester or his representative at the end of the first growing season. An opportunity to replant will be granted if stocking (number of trees per acre) is insufficient.

The Area Forester, Department of Forestry, shall prescribe the number and species of seedlings to be planted per acre, the exact site preparation method and other cultural treatments required to provide an optimum stocking of 400 to 500 free-to-grow seedlings per acre. A minimum stocking of 250 trees per acre would be accepted under adverse conditions.

It is my intent to carry out the obligations so that they may be completed by _____.

It is further agreed that this contract cannot be transferred to any person or persons without the approval of the State Forester and any prospective purchaser or purchasers of the land for which an Alternate Management Plan has been approved by the State Forester, as provided in section 10.1-1169 of the Virginia Code of 1950, as amended.

NOTARIZATIONS

SIGNED

STATE OF _____

CITY/COUNTY _____

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE

ME THIS _____ BY _____
DATE

NEW OWNER SIGNATURE DATE

TRANSFER OF RESPONSIBILITY APPROVED:

STATE FORESTER SIGNATURE DATE

(NAME OF PERSON ACKNOWLEDGED)

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC