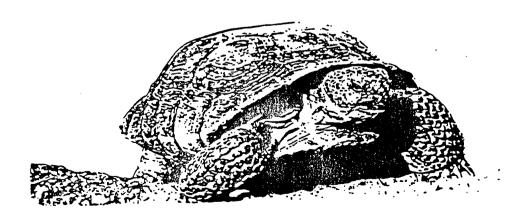
# WASHINGTON COUNTY, UTAH DESERT TORTOISE INCIDENTAL TAKE PERMIT APPLICATION/DOCUMENTS Part I

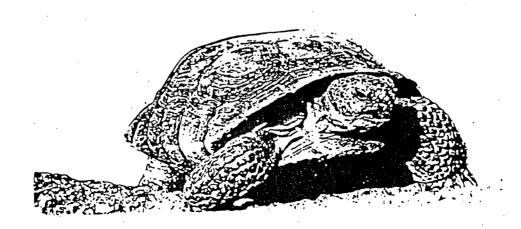
**Application Form** 

Submitted by
Washington County Commission
Washington County, Utah



## WASHINGTON COUNTY, UTAH DESERT TORTOISE INCIDENTAL TAKE PERMIT APPLICATION/DOCUMENTS

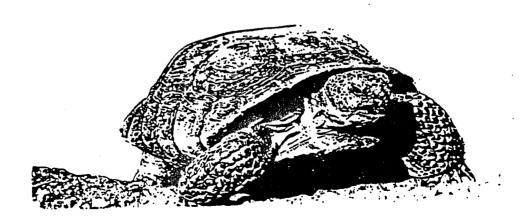
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## WASHINGTON COUNTY, UTAH DESERT TORTOISE INCIDENTAL TAKE PERMIT APPLICATION/DOCUMENTS Part I

**Application Form** 

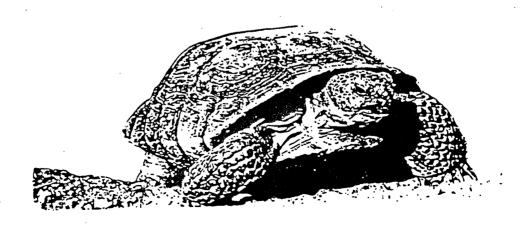
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## WASHINGTON COUNTY, UTAH DESERT TORTOISE INCIDENTAL TAKE PERMIT APPLICATION/DOCUMENTS Part I

**Application Form** 

Submitted by
Washington County Commission
Washington County, Utah



### WASHINGTON COUNTY, UTAH DESERT TORTOISE INCIDENTAL TAKE PERMIT APPLICATION/DOCUMENTS

Part I Application Form

Part II Washington County, Utah Habitat Conservation Plan

Part III Final

**Environmental Impact Statement for** 

**Incidental Take Permit Issuance for Desert** 

Tortoise, Washington County, Utah

Part IV Final

Implementation Agreement

Washington County Commission Washington County, Utah

U. S. Department of the Interior Fish and Wildlife Service



#### DEPARTMENT OF THE INTERIOR U.S. FISH AND WILDLIFE SERVICE

### FEDERAL FISH AND WILDLIFE LICENSE/PERMIT APPLICATION

I. APPLICATION FOR Hoteass only ent.	
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BENGSHI TROPES AS TROPES	OX PERMIT

2. SMEF DESCRIPTION OF ACTIVITY FOR

	LICENSE/PERMIT APPLICATION	All land disturbing activities to allow growth and development						
XX	3. APPLICANT, (Boss, despise offices and phase argifor of individual, becauses, agency, or institution for which permit is requested)	to continue in Desert Tortoise habitat in Washington County.						
	Washington County 197 East Tabernacle St. George, Utah 84770 (801) 634-5700							
XX	A 15 "APPLICANT" IS AN INDIVIDUAL, COMPLETE THE FOLLOWING:	S. IF "APPLICANT" IS A <u>SUBINCES</u> . COMPORATION, PUBLIC AGENCY. OR INSTITUTION, COMPLETE THE FOLLOWING.						
	MAT MARE MARE METON AREA	EXPLUNTITE OR KIND OF BUSINESS, AGENCY, OR METITUTION						
	GATE OF BLATH COLOR EYES	County Government						
	PHONE NUMBER IMENE DAPLOYED SOCIAL SECURITY HIMMER							
	OCCUPATION							
	any business aconcy, or institutional appiliation having to do with the wildlife to be covered by this license/permit	name, title and prone number of president, Mengipal Officer directed etc.						
		William Mader (801) 634-5756 IF "APPLICATE" IS A CONFORM THOM, INDICATE STATETH WHICH						
	N/A	INCOMPOSITION IN CONCORDANCE MEDICALE STATE IN INCOMPOSITION IN INCOMPOSIT						
XX	E. LOCATION INIQUE PROPOSED ACTIVITY IS TO BE CONDUCTED	(II you, Hat Ecouse or proofs constant)						
	Washington County, Utah	( I F REQUIRED BY ANY STATE OF FOREIGN GOVERNMENT, SO YOU						
	(see HCP for specific details)	MAYE THEIR APPROVAL TO CONDUCT THE ACTIVITY YOU PROPOSET YES 0 80 [If you, Est priodictions and type of documents]						
XX	1. CERTIFIED DIECK OR MONEY GADER (II applicable) PAYABLE TO THE U.S. FIB: AND WILDLIFE SERVICE ENGLOSED IN AMOUNT OF	MA. DESIRED EFFECTIVE DI. DURATION HEEDED						
	· IIXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	· 1/1/96 20 years						
	12. ATTACHENTE THE SPECIFIC INFORMATION REQUIRED FOR THE TO ATTACHED, IT CONSTITUTES AN INTEGRAL PART OF THIS APPLICATE PROVIDED.  See 50 CFR 17-22(b)	TON, DESCRIPTION THEOUSTED THE BEST OF THE STATE OF THE S						
	PED TICIPE TICH							

#### CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ AND AM FAMILIAR WITH THE REGULATIONS CONTAINED IN TITLE SI, PART IS, OF THE CODE OF FEDERAL REGULATIONS AND THE OTHER APPLICABLE PARTS IN SUBCHAPTER B OF CHAPTER I OF TITLE SI, AND I FURTHER CERTIFY THAT THE IMPORMATION SUBMITTED IN THIS APPLICATION FOR A LICENSE/PERMIT IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSE STATEMENT HEREIM MAY SUBJECT HE TO THE CRIMINAL PENALTIES OF IS U.S.C. 1881.

I UNDER:	STAND TRAT ANY FALSI	STATEMENT HEKELY MA	1 20 CC. BE TO THE	COMPANDED : TO THE OWNER OF THE OWNER OWNER OWNER OF THE OWNER	7,000-00-00
SIGNATU	RE (is set)	- 1		DATE	
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	Mul	Made		177	12/1/55
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