



Application for the Creation of a CONSERVATION EASEMENT

FEES payable with application:

Establishment of a new easement = \$100

Owner Information:

1. The property is owned by: (check one)

- One or more persons
- General Partnership
- Limited Partnership
- Corporation
- Limited Liability Company
- Trust
- Other _____

2. Names and contact information for all owners. (For business entities, list general partners, president, trustees or managers, as the case may be)

Name: _____	Phone Number _____
Address: _____	Email Address: _____
Name: _____	Phone Number _____
Address: _____	Email Address: _____
Name: _____	Phone Number _____
Address: _____	Email Address: _____
Name: _____	Phone Number _____
Address: _____	Email Address: _____
Name: _____	Phone Number _____
Address: _____	Email Address: _____

3. Source of title (Deed Book and Page Number). If title comes from will, inheritance or other source, please include citation to will book and page number of will or list of heirs or other source document. (Attach a copy of deed/will/list of heirs/other source.)

4. Do you own other land in Fluvanna County? No Yes

If yes, is the other land contiguous to the land which is the subject of this application? No Yes

If yes, please give Tax Map and Parcel Number for each contiguous parcel. _____

5. How long has the subject parcel been owned by the current owner or members of the family? _____

6. List all other persons having interests in the property, including, but not necessarily limited to, lessees, owners of easements in the property and lienholders. (Lienholders must sign to evidence their approval of the easement. Owners of other interests may need to sign as well.) Attach separate sheet listing names and contact information for such persons, as well as a copy of current title report.

Property Information:

Tax Map and Parcel(s): _____ Election District: _____

Zoning: _____ Acreage: _____ Nearest State Highway: _____

Comprehensive Plan Planning Area: _____

Buildings/other improvements on this parcel: _____

Principal uses of property at present time(list all that apply, e.g., grazing, timber, crops, hunting/fishing, private recreation: _____

Existing Buildings and other improvements on each parcel: _____

Please describe particular physical features of the property(e.g., historic buildings, cemeteries, streams, unusual topographic features): _____

Proposed restrictions to be imposed by this easement:

1. Please give a summary of the restrictions you propose to apply to this property. If more than one parcel, please indicate if different restrictions are proposed for different parcels: _____

2. Please indicate whether the applicant volunteers to have the property be subject to greater restrictions than those contained in the standard sample deed of easement, and if so, delineate those voluntary, additional restrictions. _____

3. Please give a description of the reasons you believe the proposed easement will support the purposes of the Fluvanna County Conservation easements Program: _____

4. Please attach copy of proposed deed of easement.

I/We hereby make application to Fluvanna County for the donation of development rights on the tax parcel(s) identified above on this application form pursuant to Fluvanna County Ordinance Conservation Easements Program. I/We understand and acknowledge that I/we incur no obligation by completing this application, and that Fluvanna County incurs no obligation by its acceptance of this application. I/We hereby certify that, to the best of our knowledge, the information contained in this application and attached materials are true and correct. I/We grant permission to the Conservation Easements Program Administrator or his/her designee to enter the property, after reasonable notice to the owner, for the purposes of evaluating the parcel(s) and verifying required information on the application form. This application form is not a legally binding agreement between the Applicant(s) and Fluvanna County. It is strictly for informational purposes in processing this application.

ALL OWNERS OF RECORD MUST SIGN AND DATE THIS APPLICATION!

Signature *Print Name* *Date*

Signature *Print Name* *Date*

Signature *Print Name* *Date*

Signature *Print Name* *Date*

Signature *Print Name* *Date*