

For Office Use Only Nomination Number:

## LEE COUNTY CONSERVATION LAND ACQUISITION AND STEWARDSHIP PROGRAM PROJECT SITE NOMINATION FORM

I. MAKING A DONATION OF THIS PROPERTY TO THE COUNTY MAY HAVE SIGNIFICANT TAX ADVANTAGES TO THE SELLER. AFTER CONSULTING WITH YOUR TAX ADVISOR, PLEASE CHECK HERE IF YOU WISH TO DONATE THIS PROPERTY.						3ES	
II. DESCRIPTION OF THE PROPERTY: Please list the Tax Identification (STRAP) Number for each parcel. If the property being nominated is a portion of a Tax Id. Number please attach a legal description:						;	
APPROXIMATE ACREAGE:							
III. NOMINA	ATOR or OWNER	S REPRESENTATIV	E*: Check all that ap	ply			
NAME:							
ADDRESS:							
TELEPHONE:		FACSIMILE:		E-Mail Address:			
IV. OWNER(S	OF PROPERTY:	Please List ALL	owners of record or	documented	Trustee(s)	<u> </u>	
NAME(S)							
ADDRESS:							
TELEPHONE:		FACSIMILE:		E-Mail Address:			
evaluate their property for potential purchase in the Conservation Lands Program. If the Board of County Commissioners authorizes staff to pursue acquisition of the property, the owner(s) is/are willing to consider a fair market value offer for the purchase of the land. The owner(s) is/are under no obligation to accept said offer or to withhold this property from other purchase offers or development during the review period. However, the owner(s) affirm that currently there is no right of first refusal, option or any other contractual agreement affecting ownership pending on this property. Lee County reserves the right to withdraw this application if the owner causes any material changes to the environmental significance and/or characteristics of the property or enters into any contractual agreement affecting ownership with another party.  All owners of record must sign this form below or submit a separate letter indicating their willingness to sell. Owner signature(s) also authorizes Lee County staff to visit the site upon due notice to the owner(s). Please attach a separate sheet if there are more than two owners of record.  *Any person(s) who is/are not an owner of record but who is/are authorized to represent the owner(s), must complete, have fully executed and notarized, and submit herewith a form entitled, "Authorization as Owner's Representative."							
PRINTED NAME		SIGNATURE			MONTH	DAY	YEAR
PRINTED NAME		SIGNATURE			MONTH	DAY	YEAR
Project contact initiated by County Department or Other Agency   NAME OF COUNTY DEPARTMENT/OTHER AGENCY:							
PLEASE RETU	PLEASE RETURN THIS FORM TO:  Lee County Department of County Lands P.O. Box 398 - Fort Myers, FL 33902-0398 ATTN: Reneé Moneta, Property Acquisition Assistant Tel: 239-533-8833/Facsimile: 239-485-8391/Email: rmoneta@leegov.com					com	
For more information about this program, please visit our web site at: <a href="https://www.conservation2020.org">www.conservation2020.org</a>							

## Conservation 20/20 PROJECT SITE NOMINATION FORM Questionnaire and Supplemental Information

To assist the Conservation Lands Acquisition and Stewardship Advisory Committee in their evaluation of your property, please answer the following questions. Attach extra pages if more room is needed.

1. Access. Does the property have legal access?

١.	Access. Does the property access			HYES	HNO
	Is the property access  If Yes, by what road or r				
		olease indicate if the road is privately	or publicly ma	aintained_	
2.		re established development entitleme LEASE NOTE: ONLY ENTITLEMENTS EXISTING AT NG THE APPRAISAL PROCESS.		YES	□NO
3.	Description and Condition of I native plant communities and degree of infer	<b>Property.</b> Describe environment characteristics and station by invasive exotic plants.	d condition of site. Also	o describe typ	pe of
4.	Land Use Activities. Describe any all buildings and other structures. If cleared	land clearing, excavation, agricultural and/or constructi or harvested for timber, list last date of occurrence:	ion activity that has occ	urred on the	site. List
5.	Matching Funds. Describe any pote	ntial sources of matching funds, such as grants or othe	r land acquisition progr	am funding.	
6.	Oil, Gas, Mineral and Timber F the property? If No, please describe:	<b>Rights</b> . Does the owner hold all rights to oil, gas, mir	nerals and timber on	□YES	□NO
7. Is th	farming, grazing, timber, oil, gas, mineral, et	or attach copies of any outstanding easements/leases of c., if known:  to be used to satisfy preservation/retention		ng conservati	ion,
ior a	another property being developed?			LIES	
8.	Reason(s) for Nomination. Why program for acquiring environmentally sensitive.	do you believe this property is appropriate for acquisition ive lands?	on or preservation unde	er Lee Count	y's
9.	Is the sale or donation accompliant duration, or terms are the endowment/liability	panied by a management endowment	:/liability? Under w	/hat program	, amount,
10.	Rights of Others: Is this property property in the vicinity of the subject	used by others to gain access to the adjoin	ing property or	□YES	
	Is this property used in any way by and drainage structures?	others such as placement of structures inclu	iding fencing	YES	□NO
	If any of the above answers are YE	S, please describe:			
11.	Bargain Sale. Will sell below a	ppraised value? If yes, what percentage a	amount?	YES	□NO
<b>Plea</b> 1. 2. 3. 4. 5.	Location map, such as a plat book	information, if available. Please also marks map, and/or aerial photo, and legal description. Idant community mapping, or other available environments. Dilicy or a Title Search.		re been at	% tached.
PL	LEASE RETURN THIS FORM TO:	<b>Lee County Departmer</b> P.O. Box 398 - Fort Mye ATTN: Reneé Moneta, Prope	ers, FL 33902-039	8	

ATTN: Reneé Moneta, Property Acquisition Assistant Tel: 239-533-8833/Facsimile: 239-485-8391/Email: rmoneta@leegov.com

For more information about this program, please visit our web site at: www.conservation2020.org

(For property that is owned by multiple interests, please use a separate form for each owner.)

## AUTHORIZATION AS OWNER'S REPRESENTATIVE LEE COUNTY CONSERVATION 20/20 LAND PROGRAM

	is hereby authorized by the undersigned				
Print name)					
property owner(s) as a duly appointe	d representative for property described as:				
Parcel Tax STRAP No(s).:					
Address/Site Location:					
	Signature of Owner				
	Print name				
	Signature of Owner				
INDIVIDUAL CAPACITY	Print name				
STATE OF					
COUNTY OF					
SWORN TO AND SUBSCRIBED bef	ore me this day of, 20 by				
(name of person acknowledged)					
(SEAL)	(Notary Signature)				
	(Print, type or stamp name of Notary)				
	Personally known OR Produced Identification Type of Identification				

CORPORATE CAPACITY	
STATE OF	
COUNTY OF	
SWORN TO AND SUBSCRIBED before n	ne this day of, 20 by
	agent) of (name of
(name of officer or agent, title of officer or	agent) (name of
	a corporation, on
behalf of the corporation/LLC/Trust.	
(SEAL)	(Notary Signature)
	(Print, type or stamp name of Notary)
	Personally known OR Produced Identification Type of Identification
	My Commission Expires