**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.**

**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:

<table>
<thead>
<tr>
<th>APPROXIMATE ACREAGE</th>
<th>STRAP#(s):</th>
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**III. NOMINATOR or OWNER'S REPRESENTATIVE*: Check all that apply**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>ADDRESS:</th>
<th>TELEPHONE:</th>
<th>FACSIMILE:</th>
<th>E-Mail Address:</th>
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**IV. OWNER(S) OF PROPERTY: Please List ALL owners of record or documented Trustee(s):**

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<th>NAME(S)</th>
<th>ADDRESS:</th>
<th>TELEPHONE:</th>
<th>FACSIMILE:</th>
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**V. WILLINGNESS TO SELL:** The owner(s) of the property described on this form authorize(s) Lee County to 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.”

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<tr>
<th>PRINTED NAME</th>
<th>SIGNATURE</th>
<th>MONTH</th>
<th>DAY</th>
<th>YEAR</th>
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**Project contact initiated by County Department or Other Agency**

**NAME OF COUNTY DEPARTMENT/OTHER AGENCY:**

**Lee County Department of County Lands**  
P.O. Box 398 - Fort Myers, FL 33902-0398  
ATTN: Renée Moneta, Property Acquisition Assistant  
Tel: 239-533-8833/Facsimile: 239-485-8391/Email: rmoneta@leegov.com

**PLEASE RETURN THIS FORM TO:**

**For more information about this program, please visit our web site at:**

www.conservation2020.org
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?
   - [ ] YES
   - [ ] NO

   Is the property accessible by car or truck?
   - [ ] YES
   - [ ] NO

   **Road Maintenance.** If known, please indicate if the road is privately ____ or publicly maintained ____.

2. **Does the Property already have established development entitlements?**
   - [ ] YES
   - [ ] NO

   If so, please describe in detail. **PLEASE NOTE:** ONLY ENTITLEMENTS EXISTING AT THE TIME OF THE NOMINATION SUBMITTAL MAY BE CONSIDERED DURING THE APPRAISAL PROCESS.

3. **Description and Condition of Property.** Describe environment characteristics and condition of site. Also describe type of native plant communities and degree of infestation by invasive exotic plants.

4. **Land Use Activities.** Describe any land clearing, excavation, agricultural and/or construction activity that has occurred on the site. List all buildings and other structures. If cleared or harvested for timber, list last date of occurrence:

5. **Matching Funds.** Describe any potential sources of matching funds, such as grants or other land acquisition program funding.

6. **Oil, Gas, Mineral and Timber Rights.** Does the owner hold all rights to oil, gas, minerals and timber on the property? If No, please describe:
   - [ ] YES
   - [ ] NO

7. **Easements/Leases.** Describe and/or attach copies of any outstanding easements/leases on the property; including conservation, farming, grazing, timber, oil, gas, mineral, etc., if known:

   Is the property being used or proposed to be used to satisfy preservation/retention requirements for another property being developed?
   - [ ] YES
   - [ ] NO

8. **Reason(s) for Nomination.** Why do you believe this property is appropriate for acquisition or preservation under Lee County's program for acquiring environmentally sensitive lands?

9. **Is the sale or donation accompanied by a management endowment/liability?** Under what program, amount, duration, or terms are the endowment/liability?

10. **Rights of Others:** Is this property used by others to gain access to the adjoining property or property in the vicinity of the subject property?
    - [ ] YES
    - [ ] NO

    Is this property used in any way by others such as placement of structures including fencing and drainage structures?
    - [ ] YES
    - [ ] NO

    If any of the above answers are YES, please describe:

11. **Bargain Sale.** Will sell below appraised value? If yes, what percentage amount?
    - [ ] YES
    - [ ] NO
    %

Please attach copies of the following information, if available. Please also mark which items have been attached.

1. Location map, such as a plat book map, and/or aerial photo, and legal description.
2. Wetland survey, species survey, plant community mapping, or other available environmental reports.
3. Approved or pending development plans.
4. A copy of either an Owner's title policy or a Title Search.
5. Boundary survey.

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P.O. Box 398 - Fort Myers, FL 33902-0398
ATTN: Renée 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

Last Updated on 3/2019-rlm
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 appointed representative for property described as:

Parcel Tax STRAP No(s).:
_______________________________________________________________________
_______________________________________________________________________

Address/Site Location:
_______________________________________________________________________
_______________________________________________________________________

________________________________
Signature of Owner

____________________
Print name

________________________________
Signature of Owner

____________________
Print name

INDIVIDUAL CAPACITY

STATE OF ________________

COUNTY OF ________________

SWORN TO AND SUBSCRIBED before me this ____ day of ____________, 20____ by _______________________. (name of person acknowledged)

________________________________
(Notary Signature)

(SEAL)

(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 me this ___ day of ________, 20___ by ______________________

_______________________________________________ of ______________________

(name of officer or agent, title of officer or agent) (name of corporation acknowledged)

behalf of the corporation/LLC/Trust.

_________________________________ (Notary Signature)

(SEAL)

(Print, type or stamp name of Notary)

Personally known ______________________

OR Produced Identification ______________

Type of Identification __________________

My Commission Expires _______________