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When Recorded Return to:	BY DNR WASH
LVFibre	41-Glass Military
P.o. Box 667	SEP 23 8 56 AM 198
Longinew wo 98632	GARY H. OLSON
NOTICE OF MORATORING ON MON P	ADECTOR TICK OF TAXA
GRANTOR: LOURUNEW Fibre	ompany
(Name of Forest	Land Owner
GRANTIES: Skamania	
(Name of County or City in W Forest Practices Application Located)	hich Land Subject to the n/Notification is
LEGAL DESCRIPTION OF THE FOREST PRACTIC block, plat, section, quarter/quarter s	ES OPERATION: (Include lot, ection, township and range)
NW14 NE14 Sec. 15-41	J-7E Surveyord
SW14 SE14 Sec 10-41	0-74 ledexed, the
American de la constantina della constantina del	Addirect
	1121 Had
ASSESSOR'S PROPERTY TAX PARCEL OR ACCO	UNT NUMBER (S)
09-01-10-0-0-0100-00	
04-07-00-0-0-0190-00	
FOREST PRACTICES APPLICATION/NOTIFICAT	ION NO. 290/533
APPROVAL DATE 9/14/19907	
(1) I certify that I am the second	

(1) I certify that I am the forest land owner, as that term is defined in RCW 76.09.020 and WAC 222-16-010, and that I am familiar with the requirements of the Forest Practices Act, RCW 76.09 and the forest practices rules, WAC Title 222. I am specifically familiar with RCW 76.09.060(3) and its effects.

(2) By this statement I declare that the land subject to this forest practices application/notification will not be converted to an active use incompatible with timber growing within six years after the approval date of the forest practices permitted in the forest practices application/notification.

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(3) I understand that applications/notifications are subject to the reforestation requirement as described in RCW 76.09 and WAC

(3) I understand that applications/notifications are subject to the reforestation requirement as described in RCW 76.09 and WAC Title 222, the forest practices rules. I also understand that the reforestation requirements shall not apply only if the land is, in fact, converted unless applicable alternatives or limitations are provided in forest practices rules issued under RCW 76.09.070. I further understand that it is the obligation of the forest land owner or the owner of perpetual rights to cut timber owned separately from the land to ensure that such reforestation takes place. I understand that the obligation to reforest shall become the obligation of the new owner if the land or perpetual timber rights are fold or otherwise transferred.

(4) I understand that if I have declared that the land subject to this forest practices application/not fication will not be converted to an active use incompatible with timber growing, that the land shall be subject to a six-year moratorium which will preclude current and/or successor forest land owners from obtaining development permits while the moratorium is in place. The moratorium shall begin on the approval date of the forest practices application/notification. I understand that this means that the county, sity, town and/or regional governmental entities shall deny any or all applications for permits or approvals, approvals, relating to nonforestry uses of the land subject to the application/notification. The local governmental entity may lift the six-year moratorium if it so chooses through a process which shall include public notification, and procedures for appeals and public hearings.

(5) I understand that the six-year moratorium shall be

(5) I understand that the six-year moratorium shall be imposed for applications/notifications which include a Conversion Option Harvest Plan approved by the local governmental entity if the forest practices are not conducted in compliance with the

the forest practices are not conducted in compliance with the approved forest practices permit.

(6) I understand that information regarding the forest practices application/notification referred to in this Notice may be found at the Washington State Department of Natural Resources, Southwest Region Office, Castle Rock, Washington.

(7) I certify and declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and

day of Sextember (state) Forest Land Owner (Signature

Land Owner (Print Name)

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