ASSESSOR'S USE ONLY
Recertification Date:

APPLICATION FOR
MAINE TREE GROWTH TAX LAW PROGRAM

36 M.R.S. §§ 571–584-A

See Property Tax Bulletin No. 19 for more information

1. Name of owner(s): BRUCE LABREQUE
2. Mailing address: 83 SKILLINGS WOODS ROAD
   TURNER, ME 04282 Phone: _____
3. Location of parcel (municipality and county): TURNER, COUNTY OF ANDROSCOGGIN
4. Identification of parcel: MAP-15;LOT-006H
   Tax Map Plan Lot
5. Forest land used for commercial forest production

Type	Number of Acres
a. Softwood	
b. Mixed wood	43
c. Hardwood	143
d. **TOTAL ACRES** (add lines 5a through 5c)	5d. 186

6. Land unsuitable for commercial forest production

Type	Number of Acres
a. Natural water and man-made water areas	
b. Wetlands (swamp, marsh)	8
c. Ledges and barrens	
d. **TOTAL ACRES** (add lines 6a through 6c)	6d. 8

7. Land not used primarily for commercial forest production

Type	Number of Acres
a. Building area	2
b. Fields	
c. Gravel pits	
d. Transmission line or pipeline right-of-way area	
e. Class I roads (includes culverts, ditching, gravel)	
f. Class II roads (unimproved haul road)	
g. Agricultural area (list_____)	
h. Other areas (list_____)	
i. **TOTAL ACRES** (add lines 7a through 7h)	7i. 2

8. **TOTAL AREA OF PARCEL** (Add 5d, 6d and 7i) 8. 196

9. Check one. A licensed forester must complete the Forester Section below.

- [ ] Initial request for classification of this parcel in the Tree Growth Tax Law program. **You must file this application on or before April 1.**
- [ ] Application for an existing classified parcel with a new forest management and harvest plan.
- [ ] Application for a new owner of an existing classified parcel adopting the previous owner's forest management and harvest plan. Date of the plan prepared for the parcel:_____.
- [X] Recertification of the forest management and harvest plan for an existing classified parcel.
- [ ] Application submitted at the request of the assessor.

10. Are there any structures or improvements on the property? [X] Yes [ ] No

11. Under penalties of perjury, I declare that I have examined this application and to the best of myknowledge and belief it is true, correct, and complete. I swear that, as owner of the property classified under the Tree Growth Tax Law, my primary use for the forest land is to grow trees to be harvested for commercial use or that the forest land is land described in 36 M.R.S. § 573(3) and that I will follow the provisions of the applicable forest management and harvest plan. I declare that all owners of the parcel agree to classification of the parcel under the Tree Growth Tax Law.

X Bruce Lalonde _____ X 8/12/24 _____

Signature of Owner/Authorized Agent* Date

*Multiple owners: If all owners agree to classification of the property under Tree Growth Tax Law, the owner's authorized agent may sign this form.

FORESTER SECTION: This section is to be completed by the forester

Name of licensed forester who approved/prepared the plan: CHARLESN. LOVE, JR.

Forester license number: #3293 Forester telephone number: 207.892.6562

Date plan prepared: 7/29/2024 Date plan expires: 7/29/2034 Date parcel inspected: 7/28/2024

The forester's signature is required if plan is adopted from prior owner or for recertification of the forest management and harvest plan. Check the appropriate box.

- [ ] For a plan adopted by a new owner following a land transfer, I hereby swear that the new owner is managing the forest land in accordance with the plan prepared for the previous landowner.
- [X] For a plan being recertified, I hereby swear that I have inspected the parcel and that the owner is managing the parcel according to the forest management and harvest plan.

CHARLESN. LOVE, JR. _____ 7/29/2024 _____

Signature of Licensed Forester Date

ASSESSOR SECTION: This section is to be completed by the assessor ☐ Approved ☐ Denied

_____ _____

Assessor's Signature Date

Rev. 3/16