

**Upper Iroquois River Watershed  
Initiative 319 Urban Cost-Share  
Program Application Form**

<b>SECTION A</b>		
Applicant Name	Applicant Address	
Phone#	County	
Landowner Name	Landowner Address	
Reason for applying:		
Project Location	Description	
<b>SECTION B</b>		
<b>Best Management Practice(s) needed to improve or maintain water quality</b>		
<b>Practice Title</b>	<b>Quantity/Unit</b>	<b>Approx. Install</b>
<b>SECTION C</b>		
<b>Check all those that apply to your home or business</b>		
<input type="checkbox"/>	Regularly Soil test lawn	<input type="checkbox"/> Using lawn fertilizer
<input type="checkbox"/>	Regularly Soil test garden	<input type="checkbox"/>
<input type="checkbox"/>	Known erosion concerns	<input type="checkbox"/>
<input type="checkbox"/>	Map (home site, project location.) Please attach	

I hereby state that I own or have control of the above listed land under consideration for the Upper Iroquois River Watershed Initiative Cost-Share Program. I understand that in order to receive payment for implemented practices a maintenance and operation must be in place for the land benefitted by this cost-share program before cost-share dollars will be paid. I also understand that vegetative practices installed through this cost-share program must be maintained for 5 years and structural practices for 10 years.

\_\_\_\_\_  
APPLICANT SIGNATURE:

\_\_\_\_\_  
DATE:

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