



NATURAL RESOURCES  
DIVISION

# ARKANSAS DEPARTMENT OF AGRICULTURE NATURAL RESOURCES DIVISION

## CREATION AND RESTORATION OF PRIVATE WETLANDS AND RIPARIAN ZONES TAX CREDIT APPLICATION

ATTN: Sue Filat-Alami - Arkansas Department of Agriculture - Arkansas Natural Resources Division  
10421 West Markham Street, Little Rock, AR 72205 - Phone: (501) 682-1611 Fax: (501) 682-3991

**Note:** This application is for participation in the tax credit program for the creation and restoration of private wetland and riparian zones, and refers to Subtitle III of the rules governing the program. Applicant should check with the U.S. Army Corps of Engineers to find out if a Section 404 permit will be required for the project prior to completing this application. Use additional sheets as necessary.

**NOTE: Application must be approved prior to beginning any work on the project.**

### 1. APPLICANT INFORMATION

Date \_\_\_\_\_  
Name \_\_\_\_\_ Fed EI No. and/or S.S. No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
(FAX) \_\_\_\_\_ Email \_\_\_\_\_

### 2. OWNERSHIP INFORMATION

2a. Type of Ownership (Individual, Corporation, Partnership, etc.) \_\_\_\_\_  
\_\_\_\_\_

2b. Officers/Shareholders/Partners, and Their Percentages of Ownership \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2c. Address, Phone and Facsimile Numbers of Participating Taxpayers (Attach)

2d. Contact Person (Name, Address, Phone, FAX) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2e. Current and Historical Ownership Information (include whether adjacent land is owned by applicant)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property Address: \_\_\_\_\_

**3. SITE INFORMATION**

3a. Location Of Proposed Project (Attach maps)

Part Section \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ County \_\_\_\_\_

Latitude (optional) \_\_\_\_\_ Longitude (optional) \_\_\_\_\_ Watershed (optional) \_\_\_\_\_

Directions to Project Site \_\_\_\_\_

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3b. Size of Project Area \_\_\_\_\_

3c. Name of Water Body(ies) Affected by the Proposed Restoration Project (if applicable) \_\_\_\_\_

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3d. Description of Current and Historical Land Use of Project Site and Adjacent Properties \_\_\_\_\_

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3e. Site Characterization (Include if applicable: Soil type, existing vegetation, condition of site, topography, floodplain boundaries, photos, and aerial photos if available, etc.) \_\_\_\_\_

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**4. DESCRIPTION OF PROPOSED PROJECT (Attach)**

4a. Was any portion of the proposed project a mitigation activity required under state or federal law? \_\_\_\_\_

If yes, describe what portion \_\_\_\_\_

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4b. Has the Corps of Engineers been contacted about a Section 404 permit? \_\_\_\_\_

Has a permit been issued? \_\_\_\_\_ If yes, give permit number \_\_\_\_\_ What District? \_\_\_\_\_

4c. Has Arkansas Department of Energy & Environment permit been obtained? \_\_\_\_\_

If yes, give permit number \_\_\_\_\_

4d. Project Description (include, at a minimum, the following elements, if applicable):

- ◆ Purpose of proposed project
- ◆ Goals and objectives of proposed project (identify problems being addressed and solutions to be implemented)
- ◆ Target vegetative community to be established
- ◆ Target site hydrology to be established (if applicable)
- ◆ Planting plan (show location, spacing and planting arrangements of plant species)
- ◆ Proposed construction activities
- ◆ Construction drawings (attach)
- ◆ Proposed project construction schedule
- ◆ Proposed post construction activities
- ◆ Success criteria (performance standards, vegetative survival rates, etc. that can be used to determine project success)
- ◆ Proposed monitoring plan
- ◆ Name, address, telephone and facsimile numbers, and qualifications of individuals or companies providing professional services or assistance in the development of the plan on company letterhead

**5. FINANCIAL INFORMATION** (Attach extra sheets, if necessary)

5a. Estimated Project Cost (List total cost and cost by Activity) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5b. Funding Sources and Anticipated Contribution of Each (Include Even if Approval is Pending) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5c. Total Tax Credit Applied for \_\_\_\_\_

5d. Estimated Application Fee (3% of total approved tax credit - minimum \$100) \_\_\_\_\_

Note: Application fee must be paid with application.

All projects must be completed and properly functioning within three (3) years of the date of the certificate of tax credit approval and the project must be maintained for a minimum life of ten (10) years after certified as being complete.

The undersigned hereby certify(ies) that they either own or have the right to occupy all lands necessary for the construction or development, and operation of the above-described project; agree(s) to abide by the Arkansas Private Wetland and Riparian Zone Creation and Restoration Incentive Act of 1995 and the Rules and Regulations of the Arkansas Natural Resources Division; and that any representative of the Natural Resources Division shall have the right, at any reasonable time during the life of the project, to enter upon the land where the project is located to inspect the project's construction or development, operation, and maintenance.

The undersigned further acknowledge(s) the receipt of a copy of the rules governing the tax credit program for the creation and restoration of private wetland and riparian zones.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_