This (or a similar) reforestation plan is required by OAR to be submitted with an application for Designation of Land as Forestland for any property not meeting the minimum stocking requirements as established by the State Forester and published as the Oregon Forest Practices Act (ORS Chapter 624). A **plot plan** must be attached.

**Description of the Property:**

<table>
<thead>
<tr>
<th>Account Number</th>
<th>Map and Tax Lot No.</th>
<th>Total Acres In Account</th>
<th>Acres Applied For</th>
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1. Ground Cover ______________________________________________________

2. Present Stocking __________________________________________________

**Site Preparation:**

1. Needed Brush, Grass and/or Weed Control/Removal ______________________

2. Protection from grazing or browsing animals _________________________

3. Protection from disease and/or insect problems and/or rodent eradication ______

4. Tillage of soil ____________________________________________________
Planting Information (attach a detailed Plot Plan):

1. Species of tree(s) to be planted ________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. Planting schedule: (Minimally, at least 1/5th or 20%, but not less than 2 acres, must be planted by December 31 of the first year of application. Then 20% each year thereafter.)
   Planting start date and subsequent planting dates (month/year for each)
   __________________________________________________________________________
   __________________________________________________________________________
   Planting completion date: ____________________________________________

3. Number of trees per acre that will be planted _____________________________

4. Method of planting: _________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

5. Mortality Replacement Plan: __________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

Additional Information: (attach additional sheets if necessary)

________________________________________________________________________
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Property Owner’s Signature ___________________________ Date: __________