



Lost Pines Habitat Conservation Plan

Agriculture Management Notice of Intent

Please print

1) APPLICANT INFORMATION:

- a) Name: First: _____ Last: _____
- b) Company Name (if applicable): _____
- c) Contact Name: _____ Title: _____
- d) Mailing Address: _____ Apt/Unit/Ste Number: _____
- e) City: _____ State: _____ Zip: _____
- f) Phone Number: Day: _____ Evening: _____ Cell: _____
- g) Fax: _____ e-mail: _____

2) PROPERTY OWNER INFORMATION (if different from Applicant):

- a) Name: First: _____ Last: _____ ID#: _____
- b) Company Name (if applicable): _____
- c) Contact Name: _____ Title: _____
- d) Mailing Address: _____ Apt/Unit/Ste Number: _____
- e) City: _____ State: _____ Zip: _____
- f) Phone Number: Day: _____ Evening: _____ Cell: _____
- g) Fax: _____ e-mail: _____

3) PROPERTY INFORMATION:

- a) Appraisal District Property ID Number: R _____ Physical Address _____
- b) Subdivision Name: _____ ☐ OR Survey Name: _____
- c) Phase: _____ Unit: _____ Section: _____ ☐ OR Abstract Number: _____
- d) Block: _____ Lot: _____ Acreage: _____ ☐ OR Acreage: _____

4) AGRICULTURE MANAGEMENT ACTIVITIES TO BE COVERED (check all that apply):

- ☐ Existing Cultivated Land (Cropland)..... Refer to Section 3.0 of Appendix D
- ☐ Existing Improved Pastureland/Hayland..... Refer to Section 4.0 of Appendix D
- ☐ Native Grazing Lands - Rangeland, Grazable Woodland & Native Pasture..... Refer to Section 5.0 of Appendix D
- ☐ Brush Management..... Refer to Section 6.0 of Appendix D
- ☐ Prescribed Burns+++ Refer to Section 7.0 of Appendix D

+++ Prescribed burn plans must be prepared by a qualified prescribed burn specialist in accordance with State and local statutes, incorporate the Agriculture Management Guidelines in Appendix D to the LPHCP, and be reviewed by the Bastrop County Office of Emergency Management prior to submittal to the LPHCP Administrator.

5) REQUIRED APPLICATION ATTACHMENTS:

- ☐ Application Fee of \$100 ☐ Annual Renewal Fee of \$20
- ☐ Map of the property showing the location of all water features and water management zones (WMZs), as defined in Section 2.0 of Appendix F to the LPHCP.
- ☐ Signed authorization of the landowner, if different than the applicant.

6) READ CAREFULLY AND INITIAL EACH STATEMENT TO SHOW YOUR ACCEPTANCE OF THE STATEMENT:

- _____
Initial I understand that the LPHCP provides incidental take permit coverage for the incidental take of the Houston toad resulting from activities associated with the agricultural land management activities conducted pursuant to the LPHCP and the *Agriculture Management Guidelines* in Appendix D to the LPHCP.
- _____
Initial I understand that the Bastrop County Office of Emergency Management (OEM) does not approve prescribed burn plans. It is the obligation of the landowner to ensure that the prescribed burn plan is prepared by a qualified burn specialist, complies with State and local statutes, incorporates the Agriculture Management Guidelines set out in of Appendix D to the LPHCP, and is reviewed by the OEM prior to submittal to the LPHCP Administrator. Failure to properly incorporate the requirements into the prescribed burn plan or the failure to properly implement the requirements may result in no incidental take coverage under the LPHCP.
- _____
Initial I understand that the LPHCP does not provide incidental take permit coverage for the conversion of native vegetation communities to intensive agricultural uses, including creation of new crop fields, seeding native grasslands with sod grasses, clearing woodlands or overstocking grazing/stocking to levels not consistent with the guidelines of the Natural Resources Conservation Service (NRCS) for the type of vegetation and use.
- _____
Initial I understand that incidental take permit coverage for the Houston toad, as provided by the issuance of a Notice of Receipt (NOR), will not be extended to any activity not specifically identified in the NOR.
- _____
Initial I understand and agree that upon locating a dead, injured, or sick Houston toad, or any other endangered or threatened species, the applicant is required to contact the Service's Law Enforcement Office in Austin, Texas, (512) 490-0948, or in San Antonio, Texas, (210) 681-8419, for care and disposition instructions. Extreme care should be taken in handling sick or injured individuals to ensure effective and proper treatment. Care should also be taken in handling dead specimens to preserve biological materials in the best possible state for analysis of cause of death. In conjunction with the care of sick or injured endangered/threatened species, or preservation of biological materials from a dead specimen, the applicant and their contractor/subcontractor have the responsibility to ensure that evidence intrinsic to the specimen is not unnecessarily disturbed.
- _____
Initial I understand that the issuance of a NOR is strictly conditioned on the landowner granting Bastrop County, its employees and agents the right to enter the property for monitoring compliance with the Agriculture Management Guidelines and for biological monitoring.
- _____
Initial I hereby grant Bastrop County, its employees, and its contractors the right to enter the property, after reasonable efforts to provide notice and at reasonable times of entry, subject to this NOI for the purpose of verifying the NOI application, for monitoring compliance with the Agriculture Management Guidelines, and for biological monitoring.
- _____
Initial I understand that Bastrop County retains the right to suspend or cancel a NOR for the Land Management activities if the person named in the NOR does not fully comply with the Agriculture Management Guidelines in Appendix D to the LPHCP.
- _____
Initial I understand that the NOR will expire on the one year anniversary of the issuance of the NOR.
- _____
Initial I understand that the NOR must be renewed each year to maintain incidental take coverage for agriculture management activities.

_____ I understand and agree that neither Bastrop County nor County staff have provided me any advice regarding
Initial property tax issues.

_____ I hereby represent and warrant that I have read and am familiar with the Agriculture Management Guidelines
Initial in Appendix D to the LPHCP.

_____ I understand and agree to post the property with a LPHCP Participant sign, which will be provided by the
Initial County, and that the sign be located so as to be visible from the road that affords the primary access to the
property.

BY SIGNING BELOW, I REPRESENT AND WARRANT THAT ALL INFORMATION CONTAINED IN THIS NOTICE OF INTENT IS TRUE, ACCURATE, AND COMPLETE. I REPRESENT AND WARRANT THAT I AM THE OWNER OF THE PROPERTY IDENTIFIED ABOVE OR THAT I HAVE THE AUTHORITY TO SIGN THIS NOTICE ON BEHALF OF THE LANDOWNER.

Signature: _____ Date: _____

Printed Name: _____

OFFICIAL USE ONLY - DO NOT WRITE IN THIS AREA

Date Received: _____ Received By: _____