## RECREATION RESIDENCE SELF-INSPECTION REPORT

RANGER DISTRICT ATTN: ADDRESS ADDRESS FAX

## PART I - TERMS AND CONDITIONS

FART 1 - TERMS AND CONDITIONS			
Permit Holder/Primary & Mailing Address/Telephone		Tract:	
		Lot #:	
	1. Have you built or modified your structures during the p	past year? (Clause III-A) If yes,	
Yes No	explain.		
	2. Do you plan to construct or modify structures on the lo	t during the next year?	
Yes No	(Clause III-B) If yes, explain.		
	3. Do your structures meet state and local regulations and	l have you had an annual	
Yes No	inspection if required by these entities? (Clause IV-A) If	5	
	4. Have you or do you plan to cut down any trees, altered	the vegetation, or caused	
Yes No	disturbance to the soil on the lot? (Clause IV-D) If yes, e	9	
	5. Have your kept your structures and access road in good	d repair, and maintained a neat	
Yes No	appearance on the lot? (Clause IV-E) If no, explain.		
	6. Have you removed dangerous trees, limbs, or other has	zardous conditions that could	
Yes No	pose a risk of injury? (Clause IV-G) If no, explain what hazards exist.		
Yes No	7. Have you paid your rental fees for the current year? (Clause VI) If no, explain.		
	8. Have you received written approval for renting or subl	easing your structures?	
Yes No	(Clause VII-E) If no, explain.		
	9. Are you planning to sell your structures in the next year	ar? (Clauses IV-H & VII-C, D)	
Yes No	If yes, request a FS-2700-3a form and complete.	,	
	10. Are you living at the recreation residence full-time, to	o the exclusion of a home	
Yes No	elsewhere? (Clause I-C) If yes, explain.		

Comments:	

Attach additional sheets, if necessary

Please sign, date, and return this form to your local Ranger District by: \_

## !\*\*USE THIS SECTION TO LIST STANDARDS FROM APPROVED LOCAL O & M PLANS\*\*! Item Inspected Meets Standard Action Required/Due Date Yes No Yes No

I certify that I have inspected the structures and permi modifications to the structures and lot require prior wi	tted area, and the above information is accurate and true. I understand that any ritten approval by the authorized officer.
Signature of Permit Holder	Date
Print Name	

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