**USDA Forest Service** 

FS-2700-6b (09/2020) OMB No. 0596-0082

## RECREATION RESIDENCE SELF-INSPECTION REPORT

RANGER DISTRICT ATTN: ADDRESS ADDRESS FAX

## PART I - TERMS AND CONDITIONS

Permit Holder/Primary & Mailing Address/Telephone		Tract:			
		Lot #:			
	Have you built or modified your structures during to the structures during to the structures.	the past year? (Clause III-A)			
Yes	If yes, explain.				
No	2. Do you plan to construct or modify structures on t	be let during the poyt year?			
Yes	2. Do you plan to construct or modify structures on the lot during the next year? (Clause III-B) If yes, explain.				
No	(Clause III-B) II yes, explain.				
	3. Do your structures meet state and local regulation	ns and have you had an			
Yes	annual inspection if required by these entities? (Clause IV-A) If no, explain.				
No					
	4. Have you or do you plan to cut down any trees, altered the vegetation, or				
Yes	caused disturbance to the soil on the lot? (Clause IV-D) If yes, explain.				
No	F. Use a visual tent visual structures and assess road i				
Yes	5. Have your kept your structures and access road in good repair, and maintained a neat appearance on the lot? (Clause IV-E) If no, explain.				
No	a field appearance on the lot: (Clause 17-L) in ho, &	explain.			
140	6. Have you removed dangerous trees, limbs, or oth	ner hazardous conditions that			
Yes	could pose a risk of injury? (Clause IV-G) If no, explain what hazards exist.				
No					
Yes	7. Have you paid your rental fees for the current year? (Clause VI) If no, explain.				
No					
	8. Have you received written approval for renting or	subleasing your structures?			
Yes	(Clause VII-E) If no, explain.				
No					
Voc	9. Are you planning to sell your structures in the nex				
Yes No	C, D) If yes, request a FS-2700-3a form and comple	ite.			
INU	10. Are you living at the recreation residence full-tim	ne to the exclusion of a home			
Yes	elsewhere? (Clause I-C) If yes, explain.	ie, to the exclusion of a nome			
No	disewhere. (Gladse Fe) if yes, explain.				

Comments:			

	ts, if necessary Freturn this form to v	our local Ranger District by:
		ND MAINTENANCE PLAN STANDARDS
		IDARDS FROM APPROVED LOCAL O & M PLANS*
Item Inspected		ndard Action Required/Due Date
	Yes	
	No	
	Yes	
	No	
	Yes	
	No	
	Yes	
	No	
	Yes	
	No Yaa	
	Yes	
	No Yes	
	No	
	Yes	
	No	
	Yes	
	No	
	Yes	
	No	
	Yes	
	No	
	Yes	
	No	

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