

MITIGATION RESERVES PROGRAM In-Lieu Fee Mitigation Purchase Application

RETURN TO:

Megan Webb

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FOR COUNTY USE ONLY:

MITIGATION CREDIT BUYER			
Entity's Legal Name:			
Address:	City:	State:	Zip:
Phone Number:	_ Email Address:		
Contact for Buyer:			
PROJECT INFORMATION			
Project Name:	MRP Service Area:		
Wetland Impact Acres:	Wetla	nd Impact Debits:	
Aquatic Impact Acres:	Aquat	ic Impact Debits:	
Buffer Impact Acres:	Buffer	Impact Debits: _	
County: Parcel #(s): _			
Description of Location:			
PERMIT APPLICATION NUMBER	RS		
USACE:	Reviewer:		
Other Jurisdiction:	Reviewer:		
Estimated Issue Date of Permit(s): _			

Please include copy of In-Lieu Fee Use Plan, if available.