# LANDOWNER PERMISSION LETTER

# This letter is to confirm that I, INSERT LANDOWNER FULL NAME, landowner of INSERT APN(S) APPLIED ON THE APPLICATION ONLY, give my approval for SWEEP APPLICANT NAME to implement their CDFA SWEEP Block Grant Pilot Program-GLENN COUNTY project. I certify that the lessee will have control of the property for the full project term. If selected for funding, the project proposes to implement SWEEP management practices on INSERT # ACRES at THIS LOCATION ADDRESS. I hereby acknowledge that the proposed project does not violate the terms of the lease agreement.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name ofLandowner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature ofLandowner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name ofPrimary Applicant / Grant Beneficiary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature ofPrimary Applicant / Grant Beneficiary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date  |