# 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 HSP APPLICANT NAME to implement their CDFA HSP 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 HSP 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 of Landowner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Landowner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | Printed Name of Primary Applicant / Grant Beneficiary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Primary Applicant / Grant Beneficiary\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |