

VIRGINIA DEPARTMENT OF FORESTRY
APPLICATION FOR STATE FOREST SPECIAL USE PERMIT



Submit this application to request a Special Use Permit for our State Forests.
Fees may apply. Allow a minimum of 30 days in advance.

Application Number: _____
(DOF USE ONLY)

SECTION 1 – Applicant Information

Organization Name: _____

Contact: Name: _____ Title: _____
Phone: _____ Email: _____

Mailing Address: Street Address: _____
City: _____ State: _____ Zip Code: _____

SECTION 2 – Activity or Event

Which Special Use Permit are you requesting?

☐ **Conditional Activity Permit** (To conduct specific activities otherwise prohibited on state forest property.)
Activity: ☐ Camping ☐ Campfire ☐ Night Stargazing
☐ Other _____

☐ **Organized Event Permit** (To conduct an organized event on state forest property which eliminates requirement for one-time users to obtain individual annual Virginia State Forest Use Permit.)
Event: ☐ Training ☐ Tour ☐ Educational Program
☐ Other _____

State Forest Requested: ☐ Appomattox-Buckingham SF ☐ Big Woods SF ☐ Charlotte SF
☐ Conway Robinson SF ☐ Cumberland SF ☐ Dragon Run SF ☐ Matthews SF
☐ Prince Edward-Gallion SF ☐ Sandy Point SF ☐ Other _____

Location Detail (specific area of state forest): _____

Facilities Requested: ☐ Pavilion ☐ Picnic Area ☐ Lodging Rooms (Matthews State Forest Only)
☐ Other _____

Event Name: _____

Date of Activity or Event (mm/dd/yyyy): _____ Time: Start: _____ End: _____

Number of People: _____

Need to Set Up Ahead of Time: ☐ No ☐ Yes If yes, when: _____

Provide summarize information about your activity or event. (Space will expand if additional space is needed.)

SECTION 3 – Agreement

I request approval for this activity or event and verify the information provided is accurate to the best of my knowledge. I understand that fees may apply.

Applicant Name (Print) _____ **Applicant Signature** _____ **Date** _____

SECTION 4 – Approval or Denial

The Department of Forestry State Forest has reviewed this application and a Special Use Permit is:

☐ **Approved** Comments: _____
☐ **Denied** Comments: _____

State Forest Superintendent Name (Print) _____ **State Forest Superintendent Signature** _____ **Date** _____

DOF Use Only
Fee Received: Amount: _____ Payment Type: ☐ Check ☐ Transfer ☐ CC ID (check #): _____