

**Adams County Green Space Grant Program  
Resource Implementation Schedule**

**Landowner:** \_\_\_\_\_ **Telephone No: (\_\_\_\_)** \_\_\_\_\_

**Address of Property:** \_\_\_\_\_

**Township:** \_\_\_\_\_ **Acres:** \_\_\_\_\_

**Date of Site Visit:** \_\_\_\_\_

**Check one:**

\_\_\_\_\_ At the time of the site visit no obvious concerns were identified.  
(Please refer to Program Guidelines)

\_\_\_\_\_ At the time of the site visit the following concerns were identified and will be required to be addressed:

**Concern:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Correction Required:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is an outside Contact Needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Contact:** \_\_\_\_\_

**Signature of authorized person completing inspection:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of landowner agreeing to this schedule:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>For Office Use Only:</b>	
Resource Concerns resolved: _____	_____
Date	Signature
	Resource Implementation Schedule Preparer
<b>Comments:</b> _____	
_____	
_____	