



**STATE OF ALASKA**  
**DEPARTMENT OF NATURAL RESOURCES**  
**Division of Mining, Land and Water**

Land Conveyance Section  
550 W. 7<sup>th</sup> Ave., Suite 640  
Anchorage, AK 99501-3576  
907-269-8594  
[dnr.noncompland@alaska.gov](mailto:dnr.noncompland@alaska.gov)

Statewide TTY – 711 for Alaska Relay or 1-800-770-8973

**APPLICATION FOR PUBLIC AND CHARITABLE USE PURCHASE OF STATE LAND**  
**AS 38.05.810**

Date: \_\_\_\_\_ ADL# (assigned by DNR): \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant's Name (please print): \_\_\_\_\_

Name of Applicant's Representative (please print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Message Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

If the applicant is a non-profit corporation, a public utility or common carrier, is it registered and licensed in Alaska and presently in good standing?  Yes  No

If the applicant is a non-profit corporation, is it tax-exempt under federal law?  Yes  No

*If the applicant is a non-profit corporation, please attach a copy of the non-profit corporation's State of Alaska business license, a resolution or other document authorizing the individual listed above to represent the non-profit corporation, and a copy of the non-profit corporation's federal tax-exempt certification (e.g., 501(c)(3) certification). If the applicant is a licensed public utility or common carrier, please attach a copy of the certificate of public convenience and necessity applicable to the application area. APPLICATIONS CANNOT BE ACCEPTED WITHOUT THIS DOCUMENTATION. THE STATE AT THIS TIME CANNOT ACCEPT APPLICATIONS FROM A TRUST.*

Are you currently in default on, or in violation of, any purchase contract, lease, permit, or other authorization issued by the Department of Natural Resources under AS 38.05?  Yes  No

Within the past three years, has the Department of Natural Resources foreclosed or terminated any purchase contract or lease issued to you by the department?  Yes  No

**PROPERTY INFORMATION**

Legal Description: Lot(s) \_\_\_\_\_ Block/Tract \_\_\_\_\_ Name of subdivision \_\_\_\_\_

Survey # \_\_\_\_\_ Recorded plat # \_\_\_\_\_ Recording District \_\_\_\_\_

Meridian:  Copper River  Seward  Fairbanks  Umiat  Kateel River

Township(s) \_\_\_\_\_  North  South, Range(s) \_\_\_\_\_  East  West, Section(s) \_\_\_\_\_, Acres \_\_\_\_\_

Township(s) \_\_\_\_\_  North  South, Range(s) \_\_\_\_\_  East  West, Section(s) \_\_\_\_\_, Acres \_\_\_\_\_

Borough, municipality, or community: \_\_\_\_\_

General geographic location (waterbody, landmark): \_\_\_\_\_

Are there improvements on the land?  Yes  No If Yes, who owns the improvements?

\_\_\_\_\_  
\_\_\_\_\_

Describe the improvements and when they were built:

\_\_\_\_\_  
\_\_\_\_\_

Is the land applied for subject to any existing leases?  Yes  No, or permits  Yes  No?

**PUBLIC AND CHARITABLE USE INFORMATION**

Check the statutory authority below under which you are applying. \* You can only check one statutory authority.

- AS 38.05.810(a)(1):** sale of state land to a state or federal agency or political subdivision.
- AS 38.05.810(a)(2):** sale of coal deposits to a qualified public utility.
- AS 38.05.810(a)(3):** sale of state land to a tax-exempt non-profit corporation, association, club, or society organized and operated for the management of a cemetery or solid waste or other public facility.
- AS 38.05.810(a)(4):** sale of land within a state subdivision to a subdivision's nonprofit, tax-exempt homeowner's association.
- AS 38.05.810(e):** sale of state land to a licensed public utility or licensed common carrier.

What is the intended use of the property?

\_\_\_\_\_  
\_\_\_\_\_

What improvements do you plan to construct on the property?

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL REQUIRED INFORMATION**

All additional forms must be completed, signed by the applicant(s), and returned with this application form. **Incomplete applications will not be accepted.**

- Agreement to Bear Costs
- Applicant Environmental Risk Questionnaire
- Development Plan

In signing this application, the applicant(s) hereby attest(s) that the information herein provided is true and correct to the best of the applicant(s)' knowledge. False or incorrect information may result in the application being rejected; the application fee will not be returned.

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**NOTICE TO APPLICANT:**

**\* This application will not be considered unless accompanied by the appropriate filing fee and completed in full. THE FILING FEE WILL NOT BE REFUNDED, NOR IS IT TRANSFERABLE. All checks are to be made payable to the Department of Natural Resources. The filing of this application and payment of the filing fee vests the applicant with no right or priority in the lands applied for. It merely expresses the desire to purchase a parcel of land when and if it becomes available. Filing an application serves the purpose of notifying the state that an individual is interested in purchasing land. It is not a claim, nor does it in any way obligate the state to sell land.**

**\* For applications filed by a municipality under AS 38.05.810, if there is a remaining municipal entitlement under AS 29.65, the municipality may be required to file an application for a municipal entitlement instead, or the land transferred under AS 38.05.810 shall be credited toward fulfillment of the entitlement.**

**\* AS 38.05.035(a) authorizes the director to decide what information is needed to process an application for the sale or use of state land and resources. This information is made a part of the state public land records and becomes public information under AS 40.25.110 and 40.25.120, unless the information qualifies for confidentiality under AS 38.05.035(a)(8) and confidentiality is requested, or qualifies for confidentiality AS 43.05.230, AS 45.48, or other state or federal laws. Public information is open to inspection by you or any member of the public. A person who is the subject of the personal information may challenge its accuracy or completeness under AS 40.25.310, by giving a written description of the challenged information, the changes needed to correct it, and a name and address where the person can be reached. False statements made in an application for a benefit are punishable under AS 11.56.210. In submitting this form, the applicant agrees with the Department to use “electronic” means to conduct “transactions” (as those terms are used in the Uniform Electronic Transactions Act, AS 09.80.010 – AS 09.80.195) that relate to this form and that the Department need not retain the original paper form of this record: the Department may retain this record as an electronic record and destroy the original.**

**For Department Use Only**

Application received date stamp

Receipt Type: 8A – Application