

PERMIT APPLICATION TO CUT IN ACCORDANCE WITH GOOD FORESTRY PRACTICES

PLEASE PRINT CLEARLY USING BLACK INK

All Sections are to be filled out completely. Failure to do so will make this application null and void, and it may be returned to the applicant for correction, thereby **delaying issuance of the Permit**.

Completed forms must be sent to: Bruce County Planning Box 129, Warton ON N0H 2T0 Fax (519) 534-1174

PERMIT IS VALID FOR ONE YEAR AFTER DATE OF ISSUANCE.

Name(s) of Owner: _____

Emergency (911) Street Address of Owner: _____

Box / RR#: _____ Town/City: _____ Postal Code : _____

Telephone: Home: _____ Work: _____ Email/Fax: _____

Location of Woodlot

New Municipality _____ Former Township _____

Lot _____ Concession _____ Emergency (911) for woodlot address: _____

13 Digit Assessment Roll #: 41- _____

Reason for Tree Removal Commercial Timber Harvest Stand Improvement
Firewood Removal Other (specify)

TREE HARVEST SUMMARY

(A legible tally sheet can be substituted and attached)

Tree Species	No.
Total Trees	

VOLUME ESTIMATE (m³): _____

HARVEST AREA:

_____ Acres Hectares

**GOOD FORESTRY PRACTICE
APPLICATIONS MUST INCLUDE
THE FOLLOWING DOCUMENTATION:**

- Short (5 yrs) and Long (20+ yrs) term forestry related objectives.
- Present basal area and proposed residual basal area distribution.
- Instructions for tree markers.
- Current species composition, age, height, stocking, stand quality, site class, regeneration.
- Description of significant features, and integrated resource management considerations.

PLAN INFORMATION

Plan prepared by: _____

Mailing Address: _____

Telephone Number: _____

Qualifications: _____

Date Plan Prepared: _____

Check if area has been inspected since tree marking.

TREE MARKER INFORMATION:

Trees Marked By: _____

Mailing Address: _____

_____ Phone: _____

Paint Colour: _____ Date Marked: _____

All trees to be cut shall be marked with a paint spot on opposite sides of the tree at a height no lower than 1.37 metres above the highest point of ground at the base of the tree. The mark shall be at least 8 centimeters in diameter for hardwood sawlogs/conifer poles or sawlogs and a slash 20 centimeters long for fuelwood/ conifer sawlogs/pulp. A similar mark shall be placed at the base of the tree below the saw line and extending to the ground. All trees shall be marked facing the same direction, unless the terrain requires a change in direction, in which case the marking will proceed consistently with the terrain.

CONTRACTOR INFORMATION

Surname: _____

Given Name: _____

Address: _____

Postal Code: _____ Telephone Number: _____

Person in charge of
Harvesting of Trees: _____

Estimated Starting Date: _____

**Person in Charge of Harvesting of Trees is required to provide 2
Business Days Verbal or Written Notice
to the Officer prior to start date.**

DESCRIPTION OF AREA

Indicate North

Map must be legible and include:

- Preferred entry points for inspection
- Location/name of surrounding roads
- Location of buildings on property
- Forested areas and harvest areas
- Log landing(s)
- Power lines and Municipal ditches

It is requested that if loggers are working near or adjacent to power lines that they contact the local Hydro Utility Company for assistance to prevent an accident and any damage that may occur to hydro lines and equipment due to a logging accident.

BASAL AREA - DISTRIBUTION OF CUT (Complete below or attach a forest operations silvicultural prescription.)

Prism Tally: _____ m²/ha

Basal Area Factor:

Tree DBH (cm)	Actual BA (m ² /ha)			BA to Cut (m ² /ha)			Actual Residual BA (m ² /ha)			Minimum Residual Basal Area
	AGS	UGS	TOTAL	AGS	UGS	TOTAL	AGS	UGS	TOTAL	
10 – 24										5
26 – 40										5
42 – 48										4
50 – 60										4
62 +										2
TOTAL										20

Please indicate if the property is enrolled in:	YES	NO
Conservation Land Tax Incentive Program		
Managed Forest Tax Incentive Program		
If the landowner is selling standing timber to a logger for harvesting has:	YES	NO
A contract been signed between landowner and contractor?		
The contractor provided proof of WSIB coverage for employees / liability insurance coverage?		
The contractor provided proof of cutter/skidder certification for all employees and themselves?		
The main skid trail been delineated?		
Arrangement been made to harvest the fuelwood from tree tops?		

I agree that operations will be in accordance with the provisions of Forest Conservation By-law No. 4071 of the Corporation of the County of Bruce and that I am familiar with the contents and requirements of this By-law. I further agree that any tree harvested will be in accordance with Good Forestry Practices.

Signature of Owner _____ Date _____ Signature of Tree Marker (if applicable) _____ Date _____
 Signature of Plan Writer (if applicable) _____ Date _____ Signature of Contractor (if applicable) _____ Date _____

I UNDERSTAND THAT UNDER THE AUTHORITY OF THIS BY-LAW AND THE MUNICIPAL ACT, 2001, AN APPOINTED OFFICER CAN ENTER THE DESCRIBED PROPERTY FOR THE PURPOSES OF UNDERTAKING AN INSPECTION.