

## GOOD FORESTRY PRACTICES PERMIT APPLICATION

### REGIONAL MUNICIPALITY OF NIAGARA TREE AND FOREST CONSERVATION BY-LAW NO. 30-2008

This application is to be completed by the owner, the contractor and forester (where applicable), and the certified tree marker, and is to be delivered to the office of the Niagara Peninsula Conservation Authority at least 10 working days prior to any injury or destruction of trees in a Woodland.

#### Property Owner

Name:		
Mailing Address:		
Telephone: Home	Work/Cell	Fax

#### Location and information about Woodland

Lot:	Con:	Municipality:	
Street/Road (include a cross street):			
Is the property is enrolled in: Managed Forest Tax Incentive Program (Y or N),      Conservation Land Tax Program (Y or N)			
Total area of the woodland:		ac/ha	Area of woodland to be harvested:
			ac/ha
Basal Area Prior to Harvest:		m <sup>2</sup> /ha	Residual Basal Area:
			m <sup>2</sup> /ha
Expected Starting Date:		Expected Completion Date:	
Will there be a fuelwood harvest? (Y or N)	When: _____ (month/year)	By whom:	

#### Information about forestry professionals involved

##### Logging Contractor

Name:		
Mailing Address:		
Telephone: Work	Cell	Fax

##### Certified Tree Marker (required for approval)

Name:		
Mailing Address:		
Telephone: Work	Cell	Fax

##### Professional Forester providing the Forest Management Plan or Prescription

Name:	OPFA Number:	
Mailing Address:		
Telephone: Work	Cell	Fax

**Instructions:**

1. If a Forest Management Plan (not a MFTIP plan) or Silvicultural Prescription is submitted with the application, it must be prepared and signed by a Registered Professional Forester or Associate Member of the OPFA.
2. A map must accompany this application showing the location of the property affected, roads, the location of the Woodlands on the property and the area in the Woodlands where trees are to be injured or destroyed, any prominent physical features (e.g. streams, ponds, slopes) and a north indicator. The map can be hand drawn as suggested in the 'Guide to Stewardship Planning for Natural Areas' (OMNR 2003). The map **must** be submitted with the application. Applications will **not** be reviewed otherwise

**Signatures:**

I agree and confirm that operations will be conducted in accordance with the provisions of the Regional Niagara Tree and Forest Conservation By-Law No. 30-2008 and the Forest Management Plan or Prescription prepared for this Woodland and that Good Forestry Practices will be employed. Further I am familiar with the contents and requirements of the By-Law and acknowledge having a copy thereof; and

I agree to contact the office of the Niagara Peninsula Conservation Authority at least three (3) working days prior to the commencement of cutting; and

I Authorize NPCA staff to enter onto this property for the purposes of assessing this application.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, year of \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Signature of Contractor: \_\_\_\_\_

Signature of Certified Marker: \_\_\_\_\_

Signature of Forest Management Plan or Prescription Author (*if involved*): \_\_\_\_\_

If this application is signed by a person on behalf of the owner of the trees affected, the owner's written authorization must accompany this application.

PLEASE NOTE: This information is collected pursuant to the Municipal Act and/or the Municipal Freedom of Information and Protection of Privacy Act and will be used for the sole purpose of administering this By-Law.