

**APPLICANT/PROJECT IDENTIFICATION FOR
TIMBER HARVESTING ACTIVITIES**

PROJECT APPLICANT

Name: _____

Organization/Business: _____

Address: _____

Telephone (daytime): (____) _____

Cellular Telephone: (____) _____

Emergency Telephone: (____) _____

Facsimile: (____) _____

Email: _____

FORESTER

Name: _____

Organization/Business: _____

Address: _____

Telephone (daytime): (____) _____

Cellular Telephone: (____) _____

Emergency Telephone: (____) _____

Facsimile: (____) _____

Email: _____

PROPERTY LOCATION

Town: _____

County: _____

Road/Highway: _____

Tax Map #

Section: _____

PROPERTY OWNER

Name: _____

Organization/Business: _____

Address: _____

Telephone (daytime): (____) _____

Cellular Telephone: (____) _____

Emergency Telephone: (____) _____

Facsimile: (____) _____

Email: _____

LOGGER

Name: _____

Organization/Business: _____

Address: _____

Telephone (daytime): (____) _____

Cellular Telephone: (____) _____

Emergency Telephone: (____) _____

Facsimile: (____) _____

Email: _____

TOWN OF RICHMOND TIMBER HARVEST PLANNING STATEMENT

This form must be completed by a NYSDEC Forester,
NYSDEC Recognized Cooperating Consulting Forester, or NYS Master Forest Owner

Size of tax parcel(s) to be harvested in acres: _____

Size of actual area(s) to be harvested: _____

Attach a drawing/map to identify the project location, point(s) of ingress and egress, public and private roads, rights of way, points of reference, streams, landmarks, map/parcel number(s), distances, etc. to insure understanding of the project location.

How material is to be removed (volumes and tree count): _____

Season(s) of the year project will be confined to and estimated duration including restoration: _____

Restrictions to activities based upon weather and ground conditions: _____

Explanation of how potential erosion conditions will be mitigated: _____

Describe how any streams and watercourses will be crossed: _____

Are any classified streams involved? Yes ___ No ___
If yes, enclose proper permits

List locations of all landings: _____

TOWN OF RICHMOND TIMBER HARVEST PLANNING STATEMENT

List all private and public roads within the Town of Richmond to be used for access to the project and for timber transport: _____

Include any additional details or important information that should be considered during the review of this application: _____

Print Name _____

Title _____

Organization _____

Address _____

Telephone (____) _____ Facsimile (____) _____

Emergency Telephone (____) _____

Email _____

Signature _____

Signatures of Responsible Parties

I am aware of the requirements of the Town of Richmond's Timber Harvesting Law. I agree to conduct all logging on this site consistent with this law and maintain compliance with all other applicable local and federal codes, laws and regulations.

Landowner Signature: _____ Date: _____

Logger Signature: _____ Date: _____

Forester Signature: _____ Date: _____

OFFICIAL USE ONLY

Date that the Timber Harvest Plan was received by the Town of Richmond: _____

Form reviewed by _____ Date: _____

Was an onsite review conducted by the Code Enforcement Officer? Yes No Date: _____

Was the Highway Superintendent notified? Yes No Date: _____

Approved Permit Number: _____

Disapproved for the following reason(s): _____

Signed: _____ Date: _____

(Code Enforcement Officer)