

Mailing:
17250 Yonge Street, Box 147
Newmarket, ON L3Y 6Z1
Delivery:
90 Bales Road East, Sharon



Environmental Services
Natural Heritage and Forestry
Good Forestry Practices Permit
Forest Conservation Bylaw #2013-68

Branch Contact Info:
(905)830-4444
(877) 464-9675
Fax: (905) 895-3047
email: permits@york.ca

Please print clearly using black ink.

APPLICANT INFORMATION	REGISTERED PROPERTY OWNER INFORMATION
Company: _____	Company: _____
Contact: _____	Contact: _____
Title: _____	Title: _____
Address: _____	Address: _____
City: _____ Prov: _____	City: _____ Prov: _____
Postal Code: _____	Postal Code: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Cell: _____	Cell: _____
Email: _____	Email: _____

PROPERTY LOCATION INFORMATION

Town/City: _____	Tax Roll Number: _____
Civic Address: _____	Legal Description: _____
Property Accessed from (Road): _____	
Located between Road: _____	And: _____

PERMIT INFORMATION

Is the property enrolled in the Conservation Land Tax Incentive Program (LTIP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Volume Estimated: _____
Is the property enrolled in the Managed Forest Tax Incentive Program (MFTIP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Harvest Area (ha): _____
Has a silvicultural prescription been prepared and attached for this harvest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paint Colour: _____
Does the prescription address species at risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Marked: _____
Dates Permit Required: _____	From: _____ To: _____	

HARVEST INFORMATION

A. Silvicultural Prescription Author Information		
Company: _____	Phone: _____	Fax: _____
Contact: _____	OPFA Membership No.: _____	
B. Tree Marker Information		
Company: _____	Phone: _____	Fax: _____
Contact: _____	Tree Marker Certification No: _____	
C. Harvest Contractor Information		
Company: _____	Phone: _____	Fax: _____
Contact in charge of Tree Destruction: _____		

AUTHORIZATION

I acknowledge that I have received a copy of The Regional Municipality of York Forest Conservation Bylaw #2013-68 and that I have reviewed the content and requirements prior to submitting this application. I agree that I will not undertake any harvesting activity until a Good Forestry Practices Permit has been issued. I also understand that under the authority of this bylaw and the Municipal Act 2001, an appointed officer can enter the described property for the purposes of undertaking an inspection.

Applicant's Signature: _____ Date: _____	Property Owner's Signature: _____ Date: _____
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** Where multiple individuals own the property, attach all signatures authorizing the permit application**

Applicable Permit Fees must be attached when submitted