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**NATURAL HERITAGE AND FORESTRY SERVICES
 GOOD FORESTRY PRACTICE PERMIT APPLICATION
 FOREST CONSERVATION BY-LAW
 TR-0004-2005-036**

PLEASE PRINT CLEARLY USING BLACK INK. APPLICABLE PERMIT FEES MUST BE ATTACHED WHEN SUBMITTED

APPLICANT INFORMATION

Company: _____
 Contact: _____
 Address: _____
 City _____ Prov.: _____
 Postal/ZIP _____ Phone: _____
 Fax: _____ Mobile: _____

PROPERTY (REGISTERED OWNER) INFORMATION

Owner: _____
 Contact: _____
 Address: _____
 City _____ Prov.: _____
 Postal/ZIP _____ Phone: _____
 Fax: _____ Mobile: _____

PROPERTY LOCATION INFORMATION

Town/City: _____ Tax Roll Number: _____
 Civic Address: _____ Legal Description: _____
 Road Accessed by: _____
 Between Roads: _____ And: _____

PERMIT INFORMATION

Is the property enrolled in the Conservation Land Tax Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Volume Estimated: _____ Harvest Area (ha): _____ Paint Colour: _____ Date Marked: _____
Is the property enrolled in the Managed Forest Tax Incentive Program (MFTIP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is a copy of the MFTIP forest management plan attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has a silvicultural prescription been prepared and attached for this harvest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Dates 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 The Regional Municipality of York, Forest Conservation By-law TR-0004-2005-036, and that I have reviewed the content and requirements prior to submitting this application, and 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 by-law 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 Owners Signature: _____ Date: _____
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**Where multiple individuals own the property attach all signatures authorizing the permit application.