

**Mailing:**  
 17250 Yonge Street, Box 147,  
 Newmarket, ON L3Y 6Z1

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 90 Bales Drive East



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**NATURAL HERITAGE AND FORESTRY SERVICES  
 HARVEST 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?  Yes  No

Volume Estimated: \_\_\_\_\_ Paint Colour: \_\_\_\_\_ Dates Required : From: \_\_\_\_\_  
 Harvest Area (ha): \_\_\_\_\_ Date Marked: \_\_\_\_\_ To: \_\_\_\_\_

**HARVEST INFORMATION**

<p><b>B. Tree Marker Information</b></p> <p>Company: _____          Contact: _____          Phone: _____ Fax: _____</p> <p>Tree Marker Certification No.: _____</p> <table border="1" style="width:100%"> <thead> <tr> <th style="width:70%">Tree Species Marked</th> <th style="width:30%">Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td align="right"><b>Total Trees Marked</b></td> <td> </td> </tr> </tbody> </table>	Tree Species Marked	Number																					<b>Total Trees Marked</b>		<p><b>C. Harvest Contractor Information</b></p> <p>Company: _____          Contact in charge of          Tree Destruction: _____          Phone: _____ Fax: _____</p> <p><u>Description of Area</u>          (see attached permit information for instructions)</p>
Tree Species Marked	Number																								
<b>Total Trees Marked</b>																									

**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 Forestry Harvest 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: \_\_\_\_\_ \*\*Property Owners Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Where multiple individuals own the property attach all signatures authorizing the permit application.