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**NATURAL HERITAGE AND FORESTRY SERVICES
 SPECIAL 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 Dates Required : _____
 Is the property enrolled in the Managed Forest Tax Incentive Program (MFTIP) Yes No From: _____
 Has a scoped Environmental Impact Study in support of this application Yes No To: _____
 attached? Area of proposed destruction (ha): _____
 Reason for proposed tree injury or destruction: _____

DESCRIPTION OF PROPOSED TREE INJURY OR DESTRUCTION

Please submit description of area
 (See application information for instructions)

Document attached? Yes No Map attached? Yes No

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 Special 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: _____

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