

County of Simcoe Municipal Law Enforcement Toll Free 1 866 893 9300 1110 Highway 26, Fax (705) 726 9832 Midhurst, Ontario L9X 1N6 Web simcoe.ca

Main Line (705) 726 9300



Received Date:	GOOD FORESTRY PRACTICES PERMIT APPLICATION			Permit #:		
	COUNTY OF SIMCOE I	FOREST C	ONSERVATION BY	/-LAW # 6894	Issue Date:	
Twp. Notified:						
	Please Print Clearly Using	Black Ink	Silvicultural Pre	escription Must Be	e Attached	
APPLICANT INFORMATION			PROPERTY (REGISTERED OWNER) INFORMATION			
Company:			* Owner:			
Contact:			Contact:			
Address:			Address:			
City:	Prov:		City:		Prov:	
Postal/Zip: Phone:			Postal/Zip:	Phone:		
Email:			Email:			
PROPERTY LOCATION	INFORMATION					
Municipality (Township): Roll #:						
Civic Address # Legal Description: Lot(s) Conc.(s)					s)	
HARVEST INFORMATIO	DN .					
A. Silvicultural Prescription Author Information						
Company:		Phone:	,	Fax:		
Contact:		OPFA N	Membership No.:			
B. Tree Marker Informa	tion Company:					
Contact:		Phone:		Fax/Email:		
Tree Marker Certification No.:			Paint Colour:			
C. Harvest Contractor I						
Company:		Phone:		Fax:		
Contact in Charge of Har	vesting:					
COMMENTS						

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SKETCH OF AREA INCLUDING ACCESS					
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	NORTH ARROW				
AUTHORIZATION					
I agree that I will not undertake any harvesting activity until a Permit to harvest trees has been issued by the County of Simcoe. I also understand that under the authority of the Forest Conservation by-law and the Municipal Act 2001, an appointed officer can enter the described property for the purposes of undertaking an inspection. I acknowledge that it is my responsibility to ensure that trespass onto neighbouring properties does not occur as a result of the issuance of a Permit or any inspection by the County of Simcoe thereunder.					
*OWNERSHIP AFFIDAVIT I am the legal registered owner and/or in the case of multiple owners, I am the legal designated representative having full signing authority for the purposes indicated in this application. If ownership is a Corporation, I am a registered Officer of the company holding the office of					
(title). Initials:					
Applicant's Signature:	* Property Owner's Signature:				
Date:	Date:				

NOTE: APPLICATIONS WHICH ARE ILLEGIBLE, INCOMPLETE OR UNSIGNED ARE INVALID AND WILL BE RETURNED. This application shall be delivered not less than 5 days prior to the issuance of a permit to: Simcoe County Forest Conservation By-Law Officer

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This Document is Deemed To Be a Public Document In Accordance With The Freedom Of Information And Protection Of Privacy Act. R.S.O. 1990

Notice of Collection/Use/Disclosure: Personal information is being collected pursuant to Section 135(7) of the Municipal Act and will be used for the purpose of granting a Harvest Permit. Your information will be shared with the Forest Appeal Committee, should you appeal the decision. Questions regarding the collection, use and disclosure of this information and how it is used may be directed to the Forester, County of Simcoe, 1110 Highway 26, Midhurst, ON L9X 1N6 1-866-893-9300 ext. 1177.

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