



County of Simcoe  
 Municipal Law Enforcement  
 1110 Highway 26,  
 Midhurst, Ontario L0L 1X0

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 simcoe.ca



**MUNICIPAL  
 LAW ENFORCEMENT**

Received Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Twp Notified: \_\_\_\_\_

**CONIFER PLANTATION  
 HARVESTING PERMIT APPLICATION  
 FOREST CONSERVATION BY-LAW #5635**

Permit #: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_

Please Print Clearly Using Black Ink

APPLICANT INFORMATION	
Company:	
Contact:	
Address:	
City:	Prov:
Postal/Zip:	Phone:
Email or Fax:	Mobile:

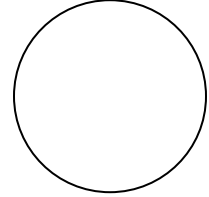
PROPERTY (REGISTERED OWNER) INFORMATION	
* Owner:	
Contact:	
Address:	
City:	Prov:
Postal/Zip:	Phone:
Email or Fax:	Mobile:

PROPERTY LOCATION INFORMATION		
Municipality (Township):		
Civic Address #	Legal Description: Lot(s)	Conc.(s)

HARVEST INFORMATION	
<b>Tree Marker Information (if applicable) and Harvest Contractor Information</b>	
Company: _____	Phone: _____ Fax: _____
Contact: _____	Tree Marker Certification No.: _____
<b>Harvest Contractor Information</b>	
Company: _____	Phone: _____ Fax/Email: _____
Contact in Charge of Harvesting: _____	
Species: _____	Age: _____ Removal Pattern: Row <input type="checkbox"/> Selection <input type="checkbox"/>
If Row: Removing _____ Row(s) and Leaving _____ Rows in Sequence. 1 <sup>st</sup> Thinning _____ 2 <sup>nd</sup> Thinning _____	
If Selection: _____ % of Trees To Be Harvested. Marked: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Volume Estimated: _____ Paint Colour: _____	
Harvest Area (ha): _____	
Other Info: _____	

**SKETCH OF AREA INCLUDING ACCESS**

**NORTH ARROW**



**NOTICE TO LANDOWNER**

Commercial Timber Harvesting may impact eligibility for the Managed Forest Tax Incentive Program (MFTIP) or the Conservation Land Tax Incentive Program (CLTIP).

**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 Simcoether under.

**\*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 mailed, faxed or delivered not less than 5 days prior to the issuance of a permit to:

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