



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

Main Line (705) 726 9300
 Toll Free 1 866 893 9300
 Fax (705) 726 9832
 Web simcoe.ca



**MUNICIPAL
 LAW ENFORCEMENT**

GOOD FORESTRY PRACTICES PERMIT APPLICATION
FOREST CONSERVATION BY-LAW #5635

Received Date: _____

 Twp. Notified: _____

Permit #: _____
 Issue Date: _____

Please Print Clearly Using Black Ink

Silvicultural Prescription Must Be Attached

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: _____

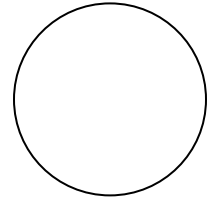
PROPERTY LOCATION INFORMATION		
Municipality (Township): _____		
Civic Address # _____	Legal Description: Lot(s) _____	Conc.(s) _____

HARVEST INFORMATION	
<u>A. Silvicultural Prescription Author Information</u>	
Company: _____	Phone: _____ Fax: _____
Contact: _____	OPFA Membership No.: _____
<u>B. Tree Marker Information</u> Company: _____	
Contact: _____	Phone: _____ Fax/Email: _____
Tree Marker Certification No.: _____	Paint Colour: _____
<u>C. Harvest Contractor Information</u>	
Company: _____	Phone: _____ Fax: _____
Contact in Charge of Harvesting: _____	

COMMENTS

SKETCH OF AREA INCLUDING ACCESS

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 Simcoethereunder.

***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:

**Municipal Law Enforcement Office
County of Simcoe Administration Centre
1110 Hwy #26, Midhurst, ON L0L 1X0
Telephone No.: (705) 726-9300, Ext. 1175
Fax No.: (705) 726-9832**

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