**Timber Harvesting**

**Review required if the logging or clear cutting is to remove more then**

* **10,000 Board Feet**
* **25 Standard Cords (4 ft. x 4 ft. x 8 ft.)**
* **An equivalence of the above**

**Forms/Maps to be completed**

* **Timber Registration Form. (Even if exempt from review)**
* **Sketch map.**
* **Written statement (from person identified below)**
* **Exemption form.**
* **SEQR (Short form generally, contact Planning Board Chair to confirm)**

**If a public hearing is required for the application – Post Change of Use sign provided by Town.**

**Applicant Instructions:**

* **Submit forms/Map to the Canadice Planning Board Chair at least 10 days prior to the Planning Board meeting - Fourth Monday of the Month - for review and approval.**
* **The Planning Board will provide copies to the Town Clerk, Highway Department and Town CEO.**
* **For those who are exempt from the need for review, submit the exemption form to the Canadice Highway Department and Canadice Town Clerk.**

**Timber Registration form**

** If a harvester other than the owner is being used, include the Company name and contact person. Also include the address of the insurance carrier.**

** Types of harvesting to be done, by product, by silvicultural system**

* **Clear cutting**
* **Selection cutting**
* **Seed Tree**
* **Shelter wood**

**Written Statement required from one of the following:**

* **Department of Environmental Conservation (DEC) Forester,**
* **Department of Environmental Conservation Recognized Cooperating Consulting Forester,**
* **New York State Master Forest Owner.**

**Other Permits that may be needed**

* **New York State Highway Work Permit**

**Persons Exempt from Planning Board Review, but still needing to file the Timber Registration and Exemption form:**

* **Those having the land under an active 480A Management Plan**
* **Those having the land under an active Stewardship Incentive Plan**
* **Those having the treatment work done by a Department of Environmental Conservation Recognized Cooperating Consulting Forester.**
* **Those who are New York State Master Forest Owners and are treating land they own.**
* **Certified Tree Farmers.**

**Town of Canadice**

**5949 County Road 37, Springwater, NY 14560**

**Timber Registration**

**Property Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address (Mailing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town/City: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_**

**Zip: \_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address of Property to be harvested**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_**

**Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Harvester(s):**

**Address (Mailing): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_**

**Zip: \_\_\_\_\_\_\_\_\_\_\_\_ Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For site to be harvested**

**Tax Map of Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax Acct. No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type(s) of Harvesting to be done:**

**:**

**:**

**:**

**Expected Dates of Harvesting – Start: \_\_\_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received and/or Approved by:**

**Town Clerk** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**C E O** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Highway Dept.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Planning Board** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Agency** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

 **(DEC, NYS Soil & Water Conservation Service)**

**Continue on next page**

**Forward copies along with approval form to Highway Superintendent, Town Clerk and Town CEO.**

**Enclosures: (Provided by Town)**

**Sketch Map form**

**Written Statement form**

**Timber Harvesting Guidelines for NYS**

**Help for your Forest Land**

**Forest Practice Standards**

**NYS Cooperating Consultant Forester Program**

**Sketch Map Form**

**Include the following**

1. **Location of harvesting**
2. **Boundaries of property – State how boundaries are determined and include names of adjacent property owners.**
3. **Location of streams, runoffs, ravines, wetlands, water bodies and slopes over 30%**

**Written Statement Form**

**To be completed by one of the following:**

* **DEC Forester,**
* **DEC Cooperating Consulting Forester,**
* **NYS Master Forest Owner.**

**Size of tract to be treated:**

**How is material to be removed: (Volumes and/or tree count)**

**Season of year activities will be confined to:**

**Restrictions to activities based on weather and ground conditions:**

**Roads to be used for access to tract and for timber transport:**

**How streams and any watercourses are to be crossed:**

**If a potential for erosion exists, how will this problem be mitigated:**

**If any classified streams are involved, have proper permits been obtained (enclose copies):**

**Any other information of importance that should be included for the review of application:**

**Signed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exemption Form**

**Identify why exempt from review**

* **Land under active 480A Management Plan. Plan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Land under active Stewardship Incentive Plan. Plan Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Treatment being done under supervision of DEC Recognized Cooperating Consulting Forester. – See DEC Cooperating Consulting Forester list.**
* **Landowner is a NYS Master Forest Owner. – See Master Forest Owner/Coverts Program Volunteers document for Names.**
* **Land is owned by a Certified Tree Farmer. Tree Farm Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If DEC Cooperating Consulting Forester**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check for valid information by applicant** – **Check DEC at 585-226-2466 to confirm the information provided above.**