

## Building and Zoning Department 26 TOWN HALL ROAD, STANFORDVILLE, NY 12581 Phone (845) 868-1310 Fax (845) 868-7252

E-Mail: building@townofstanford.org

## APPLICATION FOR TIMBER HARVESTING

DATE:		
OWNER OF PR	ROPERTY:	
ADDRESS:		
PHONE:	HOMECELL	
EMAIL:		
	DETAILED NARATIVE DESCRIPTION OF TIMBER HARVESTIN (NATURE & EXTENT OF PROPSED HARVESTING)	G
LOCATION OF	F PROPERTY:	
PROPERTY TA	AX GRID NO.:	
ACREAGE OR 1	NUMBER OF TREES TO BE HARVESTED:	
	DATE (S) FOR HAVESTING:	
METHOD OF H	HARVESTING (Select cut, clear cut, etc.):	
HOURS & DAY	YS OF OPERATION FROM:TO:	
	ons within a DEC Wetland, Marshland, Critical Environment Area (CEA), or ream crossing, or wetland? YES: NO:	within 100 feet of a

IF YES, A DEC PERMIT (IF REQUIRED) NEEDS TO BE INCLUDED WITH TIMBER HARVEST APPLICATION.

\*ALL LOGGING MUST BE DONE IN COMPLIANCE WITH THE NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION LAWS, RULES and REGULATIONS and BE IN COMPLIANCE WITH THE SOIL EROSION and SEDIMENT LOWS of the TOWN OF STANFORD as well as any APPLICABLE COUNTY and STATE REGULATIONS.

Owner/Logger/Timb	per Initials		
NAME OF LOGGER or TIMB			
ADDRESS:  PHONE NUMBER: (OFFICE) (CELL)  EMAIL:  NAME OF CONSULTING (if any):  ADDRESS:			
PHONE NUMBER:	(OFFICE)	(CELL)	
EMAIL:			
ADDRESS:			
	(OFFICE)		
EMAIL:			
SIGNATURE OF OWNER:			
SIGNATURE OF LOGGER/TI	IMBER CO		
** A FERENCE OF A LIVENIONIZATI			

- \*A LETTER OF AUTHORIZATION IS REQUIRED IF LOGGER/TIMBER CO IS OBTAINING PERMIT ON BEHALF OF OWNER
- \*CERTIFICATE OF INSURANCE IS REQUIRED LIABILITY, C105.2, or NYS INS FUND FORM
- \*THE TOWN OF STANFORD BUILDING INSPECTOR SHALL ENFORCE THE PROVISIONS of the LOGGING PERMIT UNDER THE PROVISION OF 164-47 and 164-68 OF THE TOWN OF STANFORD CODE.
- \* THE APPLICANT/LOGGER/TIMBER CO WILL NAME THE TOWN AS ADDITIONAL INSURED DURING LOGGING/TIMBER PERMIT.
- \*LOGGING/TIMBER PERMITS ARE GOOD FOR ONE (1) YEAR

## TIMBER HARVESTING ADJOINING PROPERTY OWNER INFORMATION

NAMES OF ALL ADJOINING PROPERTY OWNER and PARCEL TAX GRID NUMBERS Signature of Owner of Record Date \*Included in submittal are: (Please check) \_\_\_\_\_ Copy of property survey indication logging site Driveway Permit from applicable Departments (Town, State, or County) \_\_\_\_\_ All receipts from Certified Mailings

Date:			
Dear:			
		m filing an application with the Town of Stanford to Har he proposed logging/harvesting site is:	vest
	(De	escription location of property)	
The proposed da	tes and time of ope	eration for harvesting are:	
Dates:	From:	To:	
Hours:	From:	To:	
imber. I have ob narvesting timbe nave any questio	otained the Town of r. This material is a lons about timber han	I am notifying all adjacent landowners of my intent to hat of Stanford guidelines and literature on best practices for also available to you from the Town of Stanford should presting and management.  s upcoming activity, please contact me at	you
Owner of Record	1		
Address:			