

Good Forestry Practices Permit Application Form

Please complete and return this form by mail or email:

Mail: Attention: Growth Management
and Planning
Niagara Region
1815 Sir Isaac Brock Way, PO Box 1042
Thorold, ON L2V 4T7

Email: woodland@niagararegion.ca

**This application is to be completed in full
by the owner, contractor, forester (Qualified
Ontario Professional Foresters Association
member) and certified tree marker**

Part 1: Property owner

Property owner name:

Mailing address:

Telephone:

Email address:

Part 2: Location and information about Woodland

Lot: Concession: Municipality:

Street/road (include a cross street)

Is the property enrolled in Managed Forest Tax Incentive Program? Yes No

Is the property enrolled in Conservation Land Tax Program? Yes No

Total area of the woodland acres/hectares (ac/ha):

Area of woodland to be harvested acres/hectares (ac/ha):

Basal area before harvest metres squared per hectare (m²/ha):

Residual basal area metres squared per hectare (m²/ha):

Expected starting date (mm/dd/yyyy):

Expected completion date (mm/dd/yyyy):

Will there be a fuelwood harvest? Yes No

When will there be a fuelwood harvest (mm/dd/yyyy)?

Who will be doing the fuelwood harvest?

Part 3: Information about forestry professionals involved

Logging contractor

Name:

Mailing address:

Telephone:

Email address:

Certified tree marker

Name:

Mailing address:

Telephone:

Email address:

Qualified Ontario Professional Foresters Association member (OPFA) member providing the Forest Management Plan or Prescription

Name:

Mailing address:

Telephone:

Email address:

Part 4: Instructions

1. If a Forest Management Plan or Silvicultural Prescription is submitted with the application, it must be prepared and signed by a Registered Professional Forester or Associate Member of the OPFA
2. A map must accompany this application showing the location of the property affected, roads, the location of the Woodlands on the property and the area in the Woodlands where trees are to be injured or destroyed, any prominent physical features (e.g. streams, ponds, slopes) and a north indicator. The map can be hand drawn as suggested in the 'Guide to Stewardship Planning for Natural Areas' (OMNR 2003). The map must be submitted with the application. Applications will not be reviewed otherwise.
3. An accurate count of trees marked for removal must be included with the tree marking prescription submitted with the permit application. The count must include species and size.

Part 5: Signatures

I agree and confirm that operations will be conducted in accordance with the provisions of the Niagara Region Woodland Conservation By-Law No. 79-2020 and the Forest Management Plan or Prescription prepared for this Woodland and that Good Forestry Practices will be employed. Further I am familiar with the contents and requirements of the By-law and acknowledge having a copy thereof; and I agree to contact the Niagara Region Growth Management and Planning office at least three (3) working days prior to the commencement of cutting; and I authorize Niagara Regional staff to enter onto this property for the purposes of assessing this application.

Date (mm/dd/yyyy):

Signature of Owner: I affirm that I am the legal owner of the property under this application and shall assume responsibility for logging activities undertaken herein.

Signature of contractor:

Signature of sub-contractor (if involved):

Signature of certified marker:

Signature of qualified OPFA member:

If this application is signed by a person on behalf of the owner of the trees affected, the owner's written authorization must accompany this application.

Please note: This information is collected pursuant to the Municipal Act and/or the Municipal Freedom of Information and Protection of Privacy Act and will be used for the sole purpose of administering this By-Law.