

**APPLICATION FOR LOGGING PERMIT
TOWN OF AUSTERLITZ**

Property Owners Name: _____ Date: _____

Street Address: _____

City: _____ State: _____

Phone: _____ Email: _____

Tax Map #: _____ Acreage: _____

Forest Management Planner

Name: _____

Address: _____

Phone: _____ Email: _____

Qualifications: _____

Estimated Harvest Volume: _____

Anticipated Dates of Harvest: _____

Individual or Company performing Timber Harvest

Name: _____

Address: _____

Phone: _____

Required Attachments:

____ Forest Management Plan

____ Map of Harvest Site

____ Topographic Map *

____ Silvicultural Objectives

____ Copies of required permits from NYSDEC

____ Curb cut permit

____ \$100 permit fee

*Showing property and harvest area boundaries, haul and skid road layout, Planned Best Management Practices identified, landings located and public road access identified.

Property Owners Signature

Date: