



GOOD FORESTRY PRACTICES PERMIT APPLICATION

**Regional Municipality of Durham
Regional Tree By-Law No. 31-2012**

Please submit application to:
 Regional Municipality of Durham
 Planning and Economic Development
 Department, Planning Division
 605 Rossland Road East, 4th floor
 P O Box 623
 Whitby, ON L1N 6A3
 Tel: 905-668-7711 Fax: 905-666-6208

This application form must be completed by the landowner, or by an authorized designate (e.g. Professional Forester, Certified Tree Marker), prior to the cutting, injury or destruction of trees within a Woodland.

For the purposes of the Regional Tree By-law, a “Woodland” is a treed area 1 hectare in size and greater. No trees are to be cut or removed within a Woodland until the appropriate permit has been issued by the Region, or until permission has otherwise been obtained from the Region.

Completed application forms are to be submitted to the Region of Durham Planning Division, together with a non-refundable processing fee of \$50. Cheques are to be made payable to the Regional Municipality of Durham. Permit fees are waived for bona fide farmers wishing to remove trees on their own lands.

A map or plan drawing must accompany the application showing: a) the location of the subject property; b) the location of the Woodland(s) on the property; c) the area within the Woodland(s) where trees are to be removed; and d) any prominent physical features on the subject lands (e.g. streams, ponds, significant slopes).

For applications which propose to injure or remove 50 or more trees, a Forest Management Prescription must accompany the application, duly signed by the author. A Forest Management Prescription must also be submitted if the area to which the application applies contains a Sensitive Natural Area (e.g. stream valley, bog, wetland). All Forest Management Prescriptions submitted to the Region must be prepared by a qualified member with the Ontario Professional Foresters Association.

Applicants are strongly encouraged to contact the Regional Planning Division prior to submitting a Good Forestry Practices Permit Application form, as the Regional Tree By-law provides a number of exemptions which may be applicable to your individual circumstances. Telephone numbers: 905-668-7711, or 1-800-372-1102

Property Owner		
Name		
Mailing Address		
Telephone	Home	Work
	Fax	Email

Location of Woodland		
Lot	Concession and Former Township	Municipality
Street / Road (include a cross street)		

Size of the Woodland
Size of the area within the Woodland on which cutting is to occur
Approximate number of trees to be cut

Name and qualifications of Certified Tree Marker (if applicable)		
Mailing Address	Telephone	
	(H)	(W)
Fax	Email	

Name and qualifications of Forester or Forestry Professional providing the Forest Management Prescription (if applicable)		
Mailing Address	Telephone	
	(H)	(W)
Fax	Email	

Logging Contractor (if applicable)		
Name:	Company	
Mailing Address	Telephone	
	(H)	(W)
Fax	Email	

Expected Start				Expected			
Date	Day	Month	Year	Completion Date	Day	Month	Year

Basal Area Prior to Harvest (if known)	Residual Basal Area
Is the property enrolled in a Conservation Land Tax Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the property enrolled in a Managed Forest Tax Incentive Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I agree that I will not undertake any tree cutting activity until a Good Forestry Practices Permit has been issued by the Region or until permission from the Region has otherwise been obtained. I understand that under the authority of the Regional Tree By-law and the Municipal Act, 2001, an appointed By-law Officer may enter the property for the purposes of undertaking an inspection.

If a Good Forestry Practices Permit is issued, I agree that tree cutting operations will be conducted in accordance with the provisions of the Regional Tree By-law, and if applicable, the approved Forest Management Prescription. I acknowledge that I am familiar with the contents and requirements of the Regional Tree By-law.

Dated at _____ this _____ day of _____ . <small>(place) (day) (month) (year)</small>
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Signature of Owner	If the owner is a bona fide farmer, please provide the Farm Business Registration Number
Signature of Certified Tree Marker	
Signature of Forest Management Prescription Author	
Signature of Logging Contractor	

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 Tree By-law.