Schedule E

Permit Application To Cut Eastern White Cedar

Please print clearly using black ink

Surname:___

height, stocking, stand quality, site class,

regeneration.

Property Owner:

All Sections are to be filled out completely. Failure to do so will result in making this Application null and void, and this document will be returned to the applicant for correction. Completed forms must be sent to the Bruce County Transportation and Environmental Services P.O. Box 398, 30 Park St., Walkerton, ON NOG 2VO. Fax (519) 507-3030 Email: transportationinfo@brucecounty.on.ca A permit is valid for one year after date of issuance.

Given Name: __

Person in charge of harvesting of trees is required to provide

2 Business Days Written Notice to the officer prior to start

Mailing Address:			Postal Code:			
Telephone Number: ()		Emergency Number:				
Woodland Location: Lot	Concession Fo	rmer Township:	ip:			
Reason for Tree Removal	Commercial Timber I	Harvest	Stand Improvement			
	Firewood Removal		Other (specify)			
Tree Harvest Summary (A legible tally sheet can be s attached)	ubstituted and	Plan Information	n y:			
Tree Species	No.	Mailing Address:	ddress:			
		Telephone Number:				
		Check if marking. Tree Marker Info Trees Marked By Mailing Address: Telephone Numb	area has been inspected since tree ormation (boundary or selective): : Date Marked:			
Total Trees		Contractor Infor	rmation			
Volume Estimate (m³):		Surname: Given Name: Address:				

date.

			It is reare we to pow contact Utility assista	nust be legible: Preferred enterior inspection Location/nar of surrounding roads Location of bon property Forested areas harvest areas Log landing(s) Power lines a Municipal diteriors the local hards the local hards the local hards and any of the local hards are shown in the local hards and any of the local hards are shown in the local hard	ery point ne g uilding as and ches t if log or adja t they lydro or ent an	gers cent
Desc	ribe Method of Harvesting:					
f the	e landowner is selling standing timber	to a logger for harvesting has:			YES	NO
	ntract been signed between landowner a contractor provided proof of WSIB cover		nco covorago?			
	contractor provided proof of cutter/skic					
	main skid trail been delineated?					
:he _aw	ree that operations will be in accorda Corporation of the County of Bruce . I further agree that any tree harve te Cedar, southern region science and	and that I am familiar with the ested will be in accordance with	contents and re the silviculture	equirements e guidelines	of th	is By-
Sign	ature of Owner Date	Signature of Tree Mark	er (if applicable)	Date		
Sign	ature of Plan Write (if applicable) Date	Signature of Contractor	r (if applicable)	Date		

I understand that under the authority of this By-Law and the Municipal Act, 2001, an appointed officer can enter the described property for the purposes of undertaking an inspection.

Personal information contained in this form is collected under the authority of subsection 135 (7) of the Municipal Act, 2001, as amended, and will be used in the administration and enforcement of By-law 2025-030. Questions about the collection of personal information may be addressed to the Manager of Environmental Services at 30 Park Street, Walkerton, ON NOG 2V0, 519-881-2400.

For Office Use Only:						
The Permit is hereby:						
Refused for the following reasons:						
Granted Granted with the following conditions:						
Date of issuance of permit: Date of expiry of permit:						
Signature of Officer						