## PERMIT # EWC-2024-XXXX

## SCHEDULE E PERMIT # EWC PERMIT APPLICATION TO CUT EASTERN WHITE CEDAR

## PLEASE PRINT CLEARLY USING BLACK INK

related objectives.

Current species composition, age, height,

stocking, stand quality, site class, regeneration.

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 N0G 2V0. Fax (519) 507-3030 Email: transportationinfo@brucecounty.on.ca

A PERMIT IS VALID FOR ONE YEAR AFTER DATE OF ISSUANCE.

| Property Owner: Surname:   |                          |                                   | Given Name:                                 |  |  |
|--|--------------------------|-----------------------------------|---|--|--|
| Mailing Address:   |                          |                                   | Postal Code:                                |  |  |
| Telephone Number: ( )  |                          |                                   |   |  |  |
| Woodlot Location: Lot  | Concession Fo            | ormer Township:                   |   |  |  |
| Reason for Tree Removal  | Commercial Timber H      | [arvest                           | Stand Improvement                           |  |  |
|  | Firewood Removal         |                                   | Other (specify)                             |  |  |
| TREE HARVEST SUMMAR (A legible tally sheet can be sub              | Y stituted and attached) | PLAN INFORM                       | ATION                                       |  |  |
| Tree Species   | No.                      | Plan prepared by:                 |   |  |  |
|  |                          | Mailing Address:                  |   |  |  |
|  |                          | Telephone Number                  | er:   |  |  |
|  |                          |                                   |   |  |  |
|  |                          |                                   | ed:   |  |  |
|  |                          | L Check if                        | area has been inspected since tree marking. |  |  |
|  |                          | <u>TREE MARKEI</u><br>SELECTIVE): | R INFORMATION (BOUNDARY OR                  |  |  |
|  |                          | Trees Marked By                   | ·   |  |  |
|  |                          | Mailing Address:                  |   |  |  |
|  |                          |                                   | er:   |  |  |
|  |                          | 1                                 |   |  |  |
|  |                          | Paint Colour:                     | Date Marked:                                |  |  |
| Total Trees  |                          | CONTRACTOR                        | R INFORMATION                               |  |  |
|  |                          |                                   |   |  |  |
| VOLUME ESTIMATE (m³):  |                          |                                   |   |  |  |
| Harvest Area (ha):   |                          |                                   |   |  |  |
|  |                          |                                   | Telephone Number:                           |  |  |
| INTENT TO CUT FORMS FO. CEDAR MUST INCLUDE TO DOCUMENTA            | THE FOLLOWING            | Person in charge of               | -   |  |  |
| <ul> <li>Short (5 yrs) and Long (20+ yrs) term forestry</li> </ul> |                          | Estimated Starting Date:          |   |  |  |

Person in Charge of Harvesting of Trees is required to provide 2 Business Days *Verbal or Written Notice* to the Officer <u>prior</u> to start date.

| Describe Method of Harvesting:  If the landowner is selling standing timber to a logger for harvesting has:  A contract been signed between landowner and contractor?  The contractor provided proof of WSIB coverage for employees / liability insurance coverage?  The contractor provided proof of cutter/skidder certification for all employees and themselves?  The main skid trail been delineated?  I AGREE THAT OPERATIONS WILL BE IN ACCORDANCE WITH THE PROVISIONS OF FOREST CONSERVATION BY-LAW NO. 4071 OF THE CORPORATION OF THE COUNTY OF BRUCE AND THAT I AM FAMILIAR WITH THE CONTENTS AND REQUIREMENTS OF THIS BY-LAW. I FURTHER AGREE THAT ANY TREE HARVESTED WILL BE IN ACCORDANCE WITH THE SILVICULTURE GUIDELINES FOR EASTERN WHITE CEDAR, SOUTHERN REGION SCIENCE AND TECHNOLOGY TRANSFER UNIT, TECHNICAL REPORT TR 006.  Signature of Owner Date Signature of Tree Marker (if applicable) Date  Signature of Plan Write (if applicable) Date   | Indicate North  |  | Map must be legible include:  Preferred entry inspection Location/name surrounding reconstruction Location of because areas Forested areas areas Log landing(selection Power lines and ditches  It is requested that are working near to power lines that contact the local Utility Company for assistance to preaccident and any that may occur to | ry points le of loads lidings of s and har s) at if loginated they Hydro for vent an damag | on vest cipal gers cent |
|--|---|--|---|--|-------------------------|
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| Signature of Plan Write (if applicable) Date  Signature of Contractor (if applicable)  Date  | Signature of Owner Date   | Signature of Tree Marker (if applic  | able) Date  |  |                         |
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 $I\ UNDERSTAND\ THAT\ UNDER\ THE\ AUTHORITY\ OF\ THIS\ BY-LAW\ AND\ THE\ MUNICIPAL\ ACT,\ 2001,\ AN\ APPOINTED\ OFFICER\ CAN\ ENTER\ THE\ DESCRIBED\ PROPERTY\ FOR\ THE\ PURPOSES\ OF\ UNDERTAKING\ AN\ INSPECTION.$ 

| For Office Use Only:  |  |  |  |  |  |  |
|-----------------------|--|--|--|--|--|--|
| The Permit is hereby: |  |  |  |  |  |  |
|                       | Refused for the following reasons:     |  |  |  |  |  |
|                       |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |
|                       |  | <del></del>                            |  |  |  |  |
|                       |  | ······································ |  |  |  |  |
|                       | Granted                                |  |  |  |  |  |
|                       | Granted with the following conditions: |  |  |  |  |  |
|                       |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |
| DATE OF               | ISSUANCE OF PERMIT:                    |  |  |  |  |  |
| DATE OF               | EXPIRY OF PERMIT:                      |  |  |  |  |  |
|                       |  | Signature of Officer                   |  |  |  |  |
|                       |  |  |  |  |  |  |
|                       |  |  |  |  |  |  |